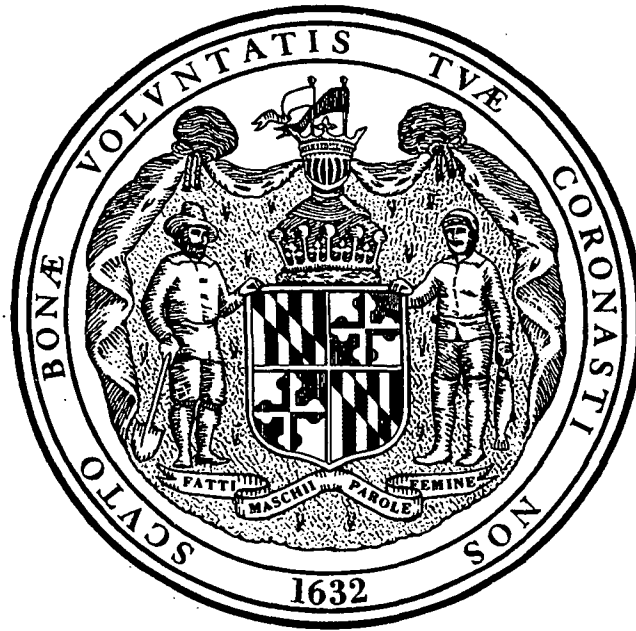


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MARYLAND STATE ARCHIVES

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF COMMUNITY-BASED HOMES FOR CHILDREN

Final Report to
Governor Parris N. Glendening
October 12, 2001

**TASK FORCE TO STUDY THE LICENSING AND MONITORING OF COMMUNITY –
BASED HOMES FOR CHILDREN**

FINAL REPORT TO THE GOVERNOR

October 12, 2001



State of Maryland ♦ Executive Department
GOVERNOR'S OFFICE FOR CHILDREN, YOUTH, AND FAMILIES

PARRIS N. GLENDENING
Governor

KATHLEEN KENNEDY TOWNSEND
Lieutenant Governor

BONNIE A. KIRKLAND, Special Secretary
Children, Youth, and Families

October 12, 2001

The Honorable Parris N. Glendening
Governor, State of Maryland
The State House
Annapolis, Maryland 21401

Dear Governor Glendening:

In the spring of 2001, by Executive Order (01.01.2000.18), the Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children was formed. The Task Force was charged to conduct a thorough evaluation of Maryland's system for licensing and monitoring of community-based homes for children in order to address community concerns and ensure the continued operation and development of successful community-based programs. The Task Force began meeting in February, and met monthly through September.

It is the recommendation of the Task Force that Maryland:

- Establish a single licensing and monitoring agency for community-based homes (with certain stipulations) to be located in the Department of Health and Mental Hygiene, Office of Health Care Quality
- Appropriate sufficient resources to adequately license and monitor community-based homes
- Strengthen the Core Regulations (COMAR 01.04.04) to include performance standards and outcomes, unannounced site inspections, and sanctions
- Certify administrators of community-based homes
- Implement stringent monitoring of children's care plans
- Provide incentives through rate-setting to providers who develop programs in under-served geographic areas
- Improve training for case workers to ensure more appropriate placement of children
- Require licensing agencies and providers to collect and analyze data on consumer satisfaction
- Develop and maintain a database of corporate, program, service intensity, and rate information on all license applicants and licensed providers.

We have enclosed our final report and detailed recommendations for your consideration.

The Task Force worked diligently to fulfill the duties assigned. We are proud of our work and thank you for your support and interest in our efforts to ensure a quality system of care for children placed in community-based homes. Please contact Bonnie Kirkland (410-767-6211) with any questions you may have.

Sincerely,

Carol Benner, Co-Chair
Director, Office of Health Care Quality
Department of Health and Mental Hygiene

Bonnie A. Kirkland, Esq., Co-Chair
Special Secretary
Governor's Office for Children, Youth, and Families

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Executive Summary

Charge to the Task Force

By an Executive Order, dated September 25, 2000, Governor Paris N. Glendening established a Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children. The Governor charged the Task Force with the following responsibilities:

Examine the process for the licensing and monitoring of community-based homes for children licensed by the Department of Human Resources, the Department of Juvenile Justice and the Department of Health and Mental Hygiene by:

- Evaluating the process and requirements each department utilizes for licensing community-based homes for children, including the process for licensing community-based homes that are used by two or more State agencies;
- Evaluating the frequency and adequacy of the process and the procedures used for monitoring community-based homes for children;
- Researching and evaluating best practices in the licensing and monitoring of community-based homes for children;
- Examining the staffing qualifications, specifically in the areas of education and experience, that an individual who is not licensed by the State must satisfy to be employed in a community-based home for children;
- Evaluating the resources allocated to school districts that provide services to children who have been placed in community-based homes out of their area of residency;
- Recommending changes for the licensing and monitoring of community-based homes for children to enhance coordination between the departments, including evaluating the feasibility of creating a single interagency authority to license and monitor all community-based homes for children; and
- Determining the most appropriate means for eliciting and responding to citizen concerns about licensed community-based homes for children.

Work Plan

The Task Force held eight full meetings in Annapolis, February- September 2001 to discuss the current licensing and monitoring system, improvements necessary in the licensing and monitoring system, and to finalize recommendations. In addition, State agency representatives met separately to discuss proposed recommendations and to reach accord on how the recommendations would be implemented. To become more familiar with group home environments, Task Force members also visited three group homes that represent the range of licensees.

Public Hearings

Two public hearings were held to provide a forum for citizens to share their concerns and comments regarding community-based homes for children. Public testimony focused primarily on:

- Saturation of homes in certain areas
- The adverse impact that group homes have on local schools and community resources
- Qualifications of group home staff
- Inadequate monitoring of homes by the State agencies

The Current Licensing and Monitoring System

Three State agencies currently license and monitor 409 community-based group homes serving 2,593 children throughout Maryland. Children in the State's care who live in group homes are temporarily unable to live with parents or guardians for a variety of reasons, are involved in the State juvenile justice system, are developmentally disabled, or have serious emotional problems. Some children have overlapping problems and care needs.

The Departments of Human Resources, Juvenile Justice, and Health and Mental Hygiene contract with care givers to provide the necessary social, medical and mental health services needed by the children and each department licenses and monitors its licensees for compliance with state regulations.

The licensing process begins with the Governor's Office of Children, Youth & Family's Single Point of Entry referral process. Each department then begins its licensing process with the referred provider. OCYF also staffs the Subcabinet's Resource Development and Licensing Committee, which provides some coordination between the State agencies.

The Department of Education is responsible for the State's provider rate setting process that pays for client services provided by the licensed group homes.

Task Force Findings

During its deliberations, the Task Force discovered the following problems with the current system for licensing and monitoring group homes.

- Through monitoring of licenses, there is an uneven application of performance standards and the Core Regulations (COMAR 01.04.04) by the three licensing agencies
- Lack of formal and systematic communication among the agencies
- Lack of an accurate, up-to-date, centralized database of all licensed providers
- Lack of interagency joint team reviews of systems and operations for possible improvements
- Communication with providers and the public need to be improved.
- Lack of a single point for inquiries, registration of complaints, and complaint investigation
- No single point of contact for providers with licensing issues
- Public perception that the current system is ineffective
- No link between funding and quality of services provided in homes
- Insufficient agency resources to do a good job of licensing and monitoring

Recommendations to Improve Licensing and Monitoring

The Task Force recommends:

- Strengthening the Core Regulations (COMAR 01.04.04) to include performance standards and outcomes, unannounced site inspections, and sanctions
- Certification for administrators of group homes
- More stringent monitoring of children's care plans
- Providing incentives through rate-setting to providers who develop programs in under-served geographic areas
- Improved training for case workers to ensure more appropriate placement of children
- Requiring licensing agencies and providers to collect and analyze data on consumer satisfaction
- Development and maintenance of a database of corporate, program, service intensity, and rate information on all license applicants and licensed providers.
- Establishing a single licensing and monitoring agency (with certain stipulations) to be located in the Department of Health and Mental Hygiene, Office of Health Care Quality
- Appropriation of sufficient resources to adequately license and monitor group homes

Non-Licensing, Non-Monitoring Related Recommendations

During Task Force discussions, certain issues came to light that were not included in the charge to the group; but warrant inclusion in the final report. They are:

- Further study on how to link a child in out-of-home placement with school services and the impact that placements have on local schools
- Plan for a more equitable distribution of group homes around the state so that children are placed in homes closer to their biological families
- The need for after school programs, and for provider involvement in the local schools where their children attend
- Appropriate placement of children according to their individual needs
- A state investigation into TEFRA funding to increase available community-based services to disabled children.

FINAL REPORT TO THE GOVERNOR

Task Force Members

Carol Benner, Co Chair
Director, Office of Health Care Quality
Department of Health and Mental Hygiene

Bonnie Kirkland, Co Chair
Special Secretary, Governor's Office for Children, Youth, & Families

Dr. Carol Ann Baglin, Assistant Superintendent
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State Accounts
Magellan Behavioral Health

Dr. Ella White-Campbell, President,
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Anne Davis, Executive Director
Florence Crittenton

Dr. James Filipczak, Executive Director
Edgemeade

Veronica L. Giddens, Director of Child and Adolescent Services
Washington County Mental Health Authority, Inc.

The Honorable Delores Kelley
Maryland State Senate

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Maryland Department of Human Resources

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Developmental Disabilities Administration
Department of Health and Mental Hygiene

Beatrice Rodgers, Director
Governor's Office for Individuals with Disabilities

Dr. Albert Zachik, MD, Director, Child and Adolescent Services
Mental Hygiene Administration/Department of Health and Mental Hygiene

The Honorable Robert Zirkin
Maryland House of Delegates

Task Force Established

By an Executive Order, dated September 25, 2000, Governor Paris N. Glendening established a Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children. The Governor charged the Task Force with the following responsibilities:

Examine the process for the licensing and monitoring of community-based homes for children licensed by the Department of Human Resources, the Department of Juvenile Justice and the Department of Health and Mental Hygiene by:

- Evaluating the process and requirements each department utilizes for licensing community-based homes for children, including the process for licensing community-based homes that are used by two or more State agencies;
- Evaluating the frequency and adequacy of the process and the procedures used for monitoring community-based homes for children;
- Researching and evaluating best practices in the licensing and monitoring of community-based homes for children;
- Examining the staffing qualifications, specifically in the areas of education and experience, that an individual who is not licensed by the State must satisfy to be employed in a community-based home for children;
- Evaluating the resources allocated to school districts that provide services to children who have been placed in community-based homes out of their area of residency;
- Recommending changes for the licensing and monitoring of community-based homes for children to enhance coordination between the departments, including evaluating the feasibility of creating a single interagency authority to license and monitor all community-based homes for children; and
- Determining the most appropriate means for eliciting and responding to citizen concerns about licensed community-based homes for children.

Background

Maryland Youth are placed in community based homes each year. A significant number of these youth, most of whom are in the custody of one of the Maryland child serving agencies (Departments of Human Resources, Juvenile Justice, Health and Mental Hygiene), have experienced some form of parental/custodial abuse and or neglect in their formative years. However, there are an increasing number of youth that are requiring out of home care for reasons of dependency. Many of these youth are being placed in community based homes as the result of parental inability to provide the 24 hour awake supervision and services required by some youth due to severe mental health or developmental issues. It is critical that the State ensures that community-based homes are sound and nurturing, and provide supportive and therapeutic environments for these children. These homes should

be within and a part of a community with the education, therapeutic and nurturing resources that all children need to grow and develop.

Preamble (Guiding Principle)

Circumstances arise that result in children being unable to remain in the homes of their parents/guardians. Many of these children must be temporarily placed in community-based home placements that are safe, healthy, and more appropriate environments in which to develop and mature. These environments will provide the necessary supports specific to each child's needs. These children will live in communities that welcome them and support them as they grow and develop. Community members will support these children and be afforded opportunities to participate with providers in maintaining a quality community life.

Public Participation

As suggested by the Governor's Executive Order, the Task Force conducted two public hearings to provide a forum for citizens to share their concerns and comments regarding community-based homes for children.

- In Baltimore, Wednesday, May 16, 2001; and
- In Annapolis, Thursday, June 14, 2001.

Testimony at both public hearings centered on the following issues:

- Saturation of group home facilities in certain communities.
- Impact on the local schools in the following areas:
 - Enrollment of students without appropriate educational records
 - Lack of resources at the local school to serve the additional children
 - Lack of a system to ensure communication between group homes and the local school.
 - The challenge of delivering an Individualized Educational Program (IEP) requiring services in a timely fashion.
- Insufficient frequency of monitoring of the group homes from the state level, including unannounced site visits. (However, one provider from Washington County indicated that their monitoring was consistent.)
- Insufficient number of qualified residential counselors with appropriate experience and training.
- Police responses for routine reports (e.g. runaways, awols) and crisis situations are a drain on police and fire resources.
- Perceived reduction in property values
- Request that the State require community participation on provider advisory boards as a standard practice.

A few providers stated positive comments:

- The Department of Human Resources (Social Services Administration) conducts surveys on a regular basis and the reports are systematically completed.
- The state should continue to support the development of community-based homes as part of the continuum of services.

Visits to Community-Based Homes

In completing its examination of community-based homes, Task Force members visited three types of community-based homes for children in order to obtain a broad view of the group home environments that are available.

- Board of Child Care – campus-based setting.
- Tuttle's Place- small independent community-based group home.
- NCIA (National Center on Institutions and Alternatives, Youth in Transition Program) – large corporation that manages several community-based group homes.

Work Plan

- **Meeting 1**, February 9, 2001: Current licensing & monitoring practices; state agency presentations and reviewed proposed work plan.
- **Meeting 2**, March 9, 2001: Update work plan, discussed pros & cons of current licensing & monitoring practices; presentation and discussion of the federal Fair Housing Act; discussed February State agencies' presentations and data on licensed facilities; and determined public hearing dates and locations.
- **Meeting 3**, April 27, 2001: Reviewed examples from other states licensing and monitoring policies; continued discussion of the pros and cons of the current system; and update on public hearing logistics.
- **Meeting 4**, May 24, 2001: Interagency Rates Committee presentation; discussed outcomes from first public hearing; and discussed the further recommendations for the licensing and monitoring system
- **Meeting 5**, June 29, 2001: Discussed outcomes from Second Public Hearing; discussed visits to the community-based homes; discussed the legislative proposals submitted by Senator Joseph F. Vallario, Jr.; Discussed the pros and cons of Single State Licensing/Centralized System vs. Maryland's current system; and discussed the current administrative costs for licensing and monitoring.
- **Meeting 6**, July 20, 2001: Discussed the current administrative costs for licensing and monitoring; discussed the material requested from meeting #5 from each of the three child placing agencies on complaint/incident reporting; discussed the recommendation of a single state licensing/centralized system; and began drafting final recommendations for final report to the Governor.
- **Meeting 7**, August 20, 2001: Discussed the additional material requested from meeting #6 from each of the three child placing agencies on complaint/incident reporting; total number of programs of licensed agencies (children programs); rates (regarding these programs); the reporting procedures of local police departments to the local schools systems; and discussed the first draft of the final report.
- **Meeting 8**, September 14, 2001: Discussed the material requested from meeting #7 regarding the number of licensed group homes for children, number of children served, agency resources available for oversight of homes FY 01, number of sanctions imposed as a result of annual surveys/inspections, by sanction type, FY 01, characteristics of complaints about children's group homes, FY 01 and number of sanctions imposed as a result of complaint investigations, by sanctions type FY 01. Discussed corrections to the final report and voted unanimously to adopt the recommendations and final report.

Current Licensing and Monitoring System

The Department of Human Resources (DHR), the Department of Juvenile Justice (DJJ), and the Department of Health and Mental Hygiene (DHMH) serve three distinct, but overlapping, juvenile populations. Each department contracts with certain homes to serve its population, and each department licenses and monitors homes for compliance with state regulations. The licensing process begins with the Single Point of Entry, and then each department begins their process with the referred provider:

- **Governor's Office for Children, Youth and Families/Single Point of Entry (SPE):** The Single Point of Entry Regulations establish a single point of entry for residential child care facilities and residential child care programs with the Department of Human Resources (DHR), the Department of Juvenile Justice (DJJ), The Department of Health and Mental Hygiene (DHMH), and to coordinate the licensing process for residential child facilities and the approval of education programs in such facilities with DHR, DJJ, DHMH, and the State Department of Education (MSDE). The Single Point of Entry also provides technical assistance to new providers through the Information Meetings, proposal review and telephone consultations. The intent of this technical assistance is to help potential providers understand the licensing process, and to enable them to make an informed decision on whether or not to proceed with their plans. It also enables potential providers to be more informed as they begin the licensing process. In addition, the Single Point of Entry provides some technical assistance to established providers when they move into the development of new services.
- **The Department of Human Resources (DHR):** DHR's Social Services Administration (SSA) licenses private adoption agencies, child placement agencies that provide Treatment Foster Care and Independent Living Preparation Programs, and residential child care facilities. Small group homes, large group homes, and emergency shelter group homes are included in the category of residential child-care facilities. Each site is inspected for standard licensing regulatory compliance purposes twice a year as the facilities are measured against the regulatory requirements cited in the Code of Maryland Annotated Regulations (COMAR). More frequent visits are made if a provider has requested technical assistance or if there are issues, which must be addressed. DHR/SSA also provides contract monitoring services by assessing contractor performance and the outcomes for children in those facilities and programs, which have entered into a contract for services through the Department of Human Resources. As of September 2001, DHR has contracted with 203 licensed organizations. The assigned SSA Licensing Coordinators currently provide both licensing inspection services as well as contract monitoring services. In assessing contractual compliance, the Coordinators review program performance, compliance with the requirements stated in the contract, and service delivery outcomes. The dual role of the Licensing Coordinators is challenging in assuring regulatory compliance with licensing requirements, while also assessing program performance and outcomes.
- **The Department of Health and Mental Hygiene (DHMH):** DHMH, through the Developmental Disabilities Administration (DDA) and the Mental Hygiene Administration (MHA), funds group homes for children with developmental disabilities and mental illness. The Office of Health Care Quality (OHCQ), an agency within DHMH, but separate and distinct from MHA and DDA, conducts the licensing and monitoring function and complaint investigations.
- **Department of Juvenile Justice (DJJ):** The Department of Juvenile Justice licenses the following residential programs: Large and Small Group Homes, Secure Facilities, Structured

Shelter Care and Wilderness Programs, and Certification of Non-Residential Programs and Youth Services Bureaus (YSB).

The Department's Office of Professional Responsibility and Accountability (OPRA) assembles an audit team that includes Department content specialists (e.g., food service, education, and health services) and OPRA auditor/licensing specialists. The Unit reviews the Licensing/Certification Application (or Renewal Application), and the Policies and Procedures Manual submitted by the Provider for compliance with COMAR regulations. An on-site audit of the program is conducted to include but not limited to a Physical Plant Inspection, review of written case records and automated information systems for Personnel and Youth Records, Staff and Youth Interviews, review of Managing For Results (MFR) data, Performance Outcome Measures and statistical reports, Contract Deliverables and Specifications, and Budget/Independent CPA Audit Reports. The audit findings and recommendations are provided to the Applicant to include the Licensing/Certification Audit Report and the Non-Compliance items and timeframes for compliance. Once non-compliance items have been submitted and verified on-site when necessary for corrective action, a recommendation for approval/denial is sent to the Assistant Secretary, OPRA for review/approval and to the Secretary/designee for final disposition. A central file and database is maintained for follow-up corrective action and on-going monitoring. Licensing staff also participate in Interagency Out-of-State monitoring, and conduct unannounced audits and special investigations of DJJ licensed programs, State-owned and operated programs, and other agency programs utilized by DJJ.

The Maryland State Department of Education (MSDE)

The role of the Interagency Rates Committee (IRC) is to set annual renewal rates for existing providers, review rate request from new providers, develop and implement changes in the rate setting process and methodology to assure that rates are fair and equitable, conduct reconsideration/appeal hearings, and develop and implement a rate setting process for non-residential child care programs. The membership of the IRC includes representatives from the Departments of Human Resources, Juvenile Justice, Health and Mental Hygiene, Education, Budget and Management, and the Governor's Office for Children, Youth, and Families. The IRC meets monthly, except for May and June when additional meetings are scheduled to assure that the annual rate renewal, effective July 1, is completed in a timely manner. For the FY 2002 renewals, the IRC set rates for 234 individual programs effective July 1, 2001. In addition, the IRC meets with other parties to discuss matters of common interest related to child-care services.

(See Appendix G for background information.)

Task Force Findings

- **Uneven Application of Standards.** Through the presentations by the three licensing agencies, the Task Force noted that each agency applied differing standards for licensing and monitoring. This circumstance does not ensure an equal application/implementation of the licensing regulations (COMAR 01.04.04) established by the State.
- **Different Interpretation of Regulations** by licensing agencies does not ensure adequate monitoring for a base standard for safety and well being for children in these placements.
- **Lack of Communication among Agencies.** The Task Force believes that there is not a formal, systematic method of interagency communication on issues affecting licensing.

- **Interagency Communication.** The agencies have identified at least three (3) areas where new initiatives and corrective action are necessary to achieve the level of inter-agency communication and exchange of information required to carry out mutual goals and objectives for the licensing/monitoring of community-based homes.
 - The agencies lack access to an accurate, updated and centralized database for collecting, sorting, profiling, and analyzing information and data on the characteristics of the licensed (and certified) programs, including but not limited to services required and actually provided, population served, placement availability, program costs and spending, contract and licensing compliance and monitoring results, corrective action progress reporting, sanctions imposed, performance measures and program results achieved. The agencies must provide such information on a regular basis and be able to rely upon a consolidated, fully automated system for accessing such information quickly on a 24-hour, 7 day-a-week basis.
 - The licensing/monitoring administrators and their key staff should conduct regularly scheduled team reviews among all the agencies to assess program effectiveness, evaluate operating strengths and weaknesses, provide inter-agency technical assistance and in-service training, formulate and recommend policy and regulatory changes, and examine trends disclosed and decisions made resulting from agency monitoring and responding to incidents and complaints. The results of these discussions should be documented and provided to the secretariat level within each agency.
 - The licensing/monitoring agencies as a group must establish a consistent process to conduct outreach activities and communicate directly with providers and the communities in which community-based homes are located. This proactive mechanism should be designed to solicit and disseminate information, feedback and concerns, and provide an on-going, independent forum for regular access to the frequently cumbersome and impersonal bureaucratic process and organization.
- **Lack of a Single Point for Inquiries or Registration of Complaints.** Through agency presentations and from public testimony, it was evident to the Task Force that the public does not have a single point of contact to ask questions regarding a group home or to lodge a complaint. Currently, the public must make more than one call to determine which agency licenses the group home and then must contact that agency to file the complaint. It was clear that the current situation is difficult to negotiate for the public.
- **One Point of Contact.** If a provider is interested in learning about providing a different service to a specific population, the provider must contact that agency to discuss the licensing procedures. It would benefit providers to have one point of contact for all licensing issues.
- **Current System Is Not Effective.** There is a public perception that the current licensing and monitoring system is not effective. There were many questions and testimonies about the current core regulations and the need for strengthening those regulations to ensure that homes have qualified staff, to make sure that homes are providing appropriate and necessary services to meet the needs of residents, to make sure that there is interaction between homes and community services/agencies, to hold providers accountable for service delivery with positive outcomes, and to provide sanction authority when providers are non-compliant with regulations. Finally, with four agencies involved in oversight of homes, there is a perceived need for improving operations between agencies, and for improving agency infrastructures and resources to do an acceptable job of licensing and monitoring the homes.

- **No link between funding and quality of services.** Rates are established based on a methodology that includes the relationship of each program's requested rate and intensity score to the rate and intensity score of programs of the same service type. The intensity score is a composite number based on the amount and type of services offered to children in the care of a residential provider. This methodology allows higher rates to be issued to programs that offer greater services than their peers. The methodology provides for rate increases for programs that limit year-to-year cost increases and limits or freezes rates for programs that have cost structures significantly above comparable programs. The Interagency Rates Committee's (IRC) methodology also includes a provision to allow a provider's rates to be adjusted to meet service or staffing levels required by the appropriate licensing agency. The current methodology is based on the rate and service structures of the programs. Because outcome measures are not available from the licensing agencies, the IRC is, at this time, unable to institute a rate mechanism based on the outcomes of care.
- **Lack of Resources Hinder Successful Completion of Job.**
 - **Department of Human Resources.** Until this fiscal year the Department of Human Resources (DHR) has had 5 full time benefited positions (a manager and 4 licensing coordinators) devoted to licensing and monitoring (now) 278 licensed sites. The Social Services Administration (SSA) currently reflects licensure of 278 sites, including 187 Residential Child Care sites (e.g., those which would fall under the auspices of the proposed single licensing agency) and 91 Child Placement Agency sites (licensed under the COMAR .07.05.01-01 regulations, for which DHR/SSA would retain responsibility). Thus SSA would still need to inspect these 91 sites and provide contract monitoring of the 203 current contracts (this includes 129 organizations that are currently licensed by the SSA and 74 organizations now licensed by other State agencies). This past legislative session DHR received 2 additional coordinator positions. These additional staff members are responsible for licensing and monitoring (for compliance with both licensing and contract standards) for the facilities that DHR licenses as well as site visits to facilities licensed by other agencies where DHR children are placed. As it is organized currently, the same staff performs both functions for the agencies to which they are assigned as the licensing coordinator. As there has been a general recognition that DHR is already understaffed in this area, DHR would be severely limited in the ability to transfer positions and still complete the remaining work at a quality level. As DHR would retain contract responsibility, the agency would still be required to make the same number of site visits to monitor the contracts in facilities where licensing has been transferred to the single agency.
 - **Department of Juvenile Justice.** The DJJ licensing/certification and monitoring activities include 21 programs licensed by the DJJ, 28 non-residential programs certified by the DJJ (including Youth Services Bureaus), and 45 programs licensed by other agencies where DJJ places youth. The licensing/certification and monitoring of these programs is performed by an audit team of the Department's Office of Professional Responsibility and Accountability (OPRA), Audits and Compliance Unit. Since a significant portion of personnel and administrative resources of the audit team are required to conduct the licensing/re-licensing/certification application and on-site audit activities for these programs, significantly fewer resources are available to maintain an acceptable and a reasonable schedule for announced and unannounced contract monitoring visits to the 310 vendors with whom the DJJ makes approximately 3,500 placements annually. Contract auditing and monitoring provide a system of independent

checks and balances to evaluate reasonable assurance of compliance with the operating and financial terms and conditions of the contract, adherence to law, rules, regulations, standards and contract deliverables, and an evaluation of the results achieved in providing required services to youth under care, custody and supervision. The Investigations and Child Advocacy Unit (ICAU) of OPRA, which includes teams of investigators and child advocates, provides additional resources for the investigation, resolution and disposition of incidents, grievances and complaints reported to the Department from any source, including but not limited to allegations of staff misconduct, alleged criminal violations, excessive use of force, child abuse/neglect allegations, youth disciplinary actions administered for major rule violations, the failure to provide required services, or any other issue on which a youth wants to file a grievance. As DJJ would retain contract responsibility, the agency would still be required to make the same number of site visits to monitor the contracts in facilities where licensing has been transferred to the single agency.

- **Department of Health and Mental Hygiene.** Current staffing levels designated for inspecting community-based group homes for children with developmental disabilities and emotional behaviors do not allow the department to conduct annual evaluations as mandated by statute. DHMH cannot absorb additional work. The fiscal note accompanying this report describes the additional resources that would be necessary to successfully perform the new inspection and enforcement procedures that would include all of the providers currently licensed by DHR, DJJ, and DHMH.
- **Interagency Monitoring Would be Beneficial.** While interagency monitoring is conducted on a very limited basis (e.g. by DHR and DDA/DHMH for homes that serve the medically fragile), the Task Force found that interagency monitoring would benefit all licensed group home providers, as the monitoring would reflect the varied expertise of specialists in children's services.
- **Provider Database Is Needed.** Currently, the Single Point of Entry process is assigned to the Governor's Office for Children, Youth, and Families (OCYF). OCYF maintains a centralized data profile on residential providers, which is limited in scope. The Task Force found that the provider profile should be expanded to include information on monitoring of the provider, and licensure status, etc.

Recommendations to Improve Licensing and Monitoring

General Improvements

The Task Force proposes the following changes to improve licensing and monitoring of community-based group homes for children regardless of the system structure (e.g. single agency or current system):

- Revise COMAR regulations to:
 - Include performance standards and outcomes
 - Strengthen provider sanctions in regulations
- Develop one common monitoring tool for use by all agencies based on COMAR regulations 01.04.01
- Establish a minimum standard number of unannounced site inspections
- Establish certification of community-based home administrators
- Assure more stringent monitoring of children's case plans by placement workers
- Provide incentives through rate setting that will encourage providers to develop programs in under-served geographic areas of the state.
- Provide training for placement workers to improve their skills so that children are matched/placed in appropriate homes
- Enact requirements for both providers and monitoring agencies to collect and analyze consumer (children, parents/guardians/advocates) satisfaction measures
- Develop and maintain a database of corporate, program, service intensity, rate information, licensure status, and monitoring reports on all license applicants and licensed providers.

Single Licensing and Monitoring Agency

State agency representatives on the Task Force discussed three organizational models for restructuring oversight of group homes for children. (Refer to Appendix G.) Agency representatives recommended the single agency concept to the Task Force and the Task Force agreed that a single licensing and monitoring system should be established to ensure:

- Effective and consistent communications
- Improvement in the management of services to children and community providers
- One administrative authority for uniform implementation of licensing and monitoring regulations.
- A centralized point of contact for community communication.
- Licensing and Monitoring: same core standards for all community-based homes
- Interdisciplinary expertise on monitoring teams
- The consolidation of training and uniform management of licensing and monitoring
- A working knowledge of the policies, procedures, and laws affecting each service group through a centralized licensing staff.

Single Agency Requirements

The Task Force requests that the single licensing and monitoring agency:

- Be located as a separate division within the Office of Health Care Quality (OHCQ), DHMH
- House the Single Point of Entry (SPE) in the Office of Health Care Quality (OHCQ) to create "a one stop shop" where community advocates and providers would have a single point of contact.
- Require interagency work and communication to ensure children's safety, health, and well being in community-based homes. The State agencies will continue to monitor their

contracts with providers including community-based homes for children. The Department of Health and Mental Hygiene (DHMH) will act as the licensing authority. The Secretary or designee of DHMH will sign the license for community-based homes. The Office of Health Care Quality (OHCQ) strategic planning documents (e.g. MFR) must be adapted to support mission and vision of a single licensing and monitoring entity for children's community-based homes.

- House the provider database to ensure easy access by the appropriate users.
- Develop a web site, which reports on monitoring of community-based homes similar to the Maryland Health Care Commission's Nursing Home Report Card which is listed on their web site, and Florida's procedure of placing the actual monitoring reports of provider sites on the web site).
- Develop workforce standards for OHCQ staff and provider staff.
- Establish direct communication and coordination with the Interagency Rates Committee and the Interagency Rates unit located in the Maryland State Department of Education. It is recommended at this time that the Rates function remain at Maryland State Department of Education (MSDE).

Oversight Committee

The Task Force recommends establishment of an oversight committee for community-based group homes for children, and that the current Resource Development and Licensing Committee (RDLCL) become the oversight committee for implementation and coordination between agencies as the new system is implemented, and to provide interagency policy recommendations to the Subcabinet for Children, Youth, and Families. This Oversight Committee will:

- Provide technical assistance for the single entity.
- Report to the Sub-cabinet, review monitoring reports completed by the single entity, meet monthly and have formal recording of minutes.
- Determine what is the difference between individual agency (DHR, DHMH, and DJJ) contract monitoring vs. licensing/monitoring, and how that is reflected in monitoring tools.
- Study/review current house rates vs. individual rates, and how to link rates to sanctions and incentives.
- Review the rate setting function and its location in state government, and make recommendations, after one full year of implementation of licensing and monitoring in OHCQ.
- Coordinate the development of amendments and the interpretation of regulations related to licensing and monitoring of community-based homes.

The Fiscal Considerations

The Task Force recommends that a single agency be given authority for licensure and monitoring of all community-based group homes for children in Maryland. The Department of Health and Mental Hygiene's Office of Health Care Quality (OHCQ) was selected by the Task Force because of OHCQ's sole focus on licensure of health care providers and facilities. The following fiscal estimate reflects additional operating costs should the Task Force recommendation be adopted and implemented.

Annual Operating Costs

Personnel	Cost	Notes
Administrator III (1)	40,820	Program Manager
Child Psychologist (1)	43,585	To evaluate survey findings related to behavioral issues
Survey coordinators (5)	78,084	To manage day-to-day routines of survey work
Admin Specialist (1)	25,921	To assist Deputy Director with managing the licensure program
Surveyor-Generalist (25)	1,013,775	To do licensure surveys, follow-up visits and complaint investigations*
Social workers (26)	931,372	To do licensure surveys, follow-up visits and complaint investigations*
Fringe Benefits	688,690	
Personnel Total	2,781,406	
Postage, Phone Installation and Operation	9,927	Mailing application packets, survey reports, and correspondence; 30 phones at modular work stations
Phone Installation+	6,200	
Travel	107,790	51 surveyors avg. 6,000 mi. ea; 50 overnights @ \$75 ea. for distance locations.
Supplies	8,130	Routine office supplies @ 130/person
Additional Equipment+		
Office Space	50,363	
Database Development+	500,000	Web-based combined full licensure/complaint database accessible by agencies, providers, general public
Operating Total	901,366	
Total Expenditures	3,869,896	

*Based on approx. 207 licensed homes. At least 2 surveys per year. At least 1 additional visit per year. Avg. 1-1/2 days per survey plus preparation, report writing, exit conference with provider, etc. At least 2800 complaint investigations per year. The perception is that the Task Force expects very quick response and turn-around on a significant number of the complaint investigations. Sufficient surveyors are necessary for deployment.

Because this will be a new licensure program, there will be education of providers concerning the revised core regulations, the new survey process, the process for correcting problems, and the consequences of noncompliance. The educational process is expected to lengthen the routine licensure activities.

+One-time expenditures.

Non-Licensing, Non-Monitoring Related Recommendations

During Task Force discussions, certain issues came to light that were clearly not included in the charge given to the Task Force; therefore the group took no action on the items. However, the Task Force felt that the issues are significant and warrant mention in this final report to the Governor.

Child placement and Reunification:

- The State must develop a plan to place children in homes closer to their biological families to ensure continued relationships, especially if reunification is the plan. This would include establishing a clear visitation policy for group homes.
- Children must be placed appropriately. The placement should meet the specific needs of the child. For example: not mixing children who are non-verbal and passive with children who are aggressive with predatory tendencies.
- There should be a systematic tool to assist with unification with families (a risk assessment tool geared towards the child's aftercare).

Financial Strategy:

- The State should initiate an investigation into the Tax Equity and Fiscal Responsibility Act of 1982 – TEFRA. TEFRA includes an eligibility option that allows states to provide Medicaid to children with disabilities, living at home, who are 18 and under, regardless of parental income. Under TEFRA, the State provides matching funds for the option, the Federal Government will pay 50% of the costs. TEFRA increases the number of families who can continue to care for their child with special needs rather than requiring out-of-home placements. For this reason TEFRA reduces the long-term cost of residential placements for children both in-state and out-of-state.

Local School Issues:

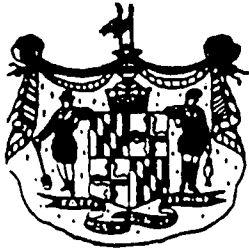
Placement of children must consider the effect on the local school, and placement workers and providers must work with schools to ensure that children receive appropriate services and that the services are available to the children. Specifically:

- There is a need for further study on how to link a child with school services. The Maryland State Department of Education continues to support that children residing in community-based homes are afforded all of the entitlements provided students attending local public schools. Maryland State Fact Sheet 40: Top Nine Questions About School Enrollment will be disseminated to Licensing Agencies to provide to Community-Based Homes personnel (see Appendix F Fact Sheet 40). The implementation of the procedures in Fact Sheet 40 require attention by the state agencies, their case workers, and the providers that serve the children.
- There is a need for After School Programs to be provided to children who live in community-based group homes. The Maryland State Department of Education supports that children residing in community-based homes are afforded equal opportunity to participate in after school programs. It is essential that licensing agencies upon enrolling students in school acquire adequate information on how to access these programs.
- The State should ensure educational involvement on the part of the providers (e.g. attend PTA). The Maryland State Department of Education states that community-based home personnel are afforded equal opportunity to participate in school activities such as the PTA. It is the responsibility of the licensing agency to work with the building principals to become familiar with school-based programs that facilitate school success.
- Short-term placement (30 to 65 days) for children creates long-term problems for the community. The Maryland State Department of Education supports that children placed by licensing agencies should be placed at the beginning of school terms, whenever feasible. The Maryland State Department of Education supports adherence to school enrollment information provided in Fact Sheet 40 (Appendix F), specifically Kinship Care.

APPENDIX A:

EXECUTIVE ORDER

01.01.2000.18



The State of Maryland

Executive Department

EXECUTIVE ORDER

01.01.2000.18

Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children

WHEREAS, The State is committed to preserving the use of community-based homes for children;

WHEREAS, Community-based homes offer children care in the least restrictive, most family-like setting available;

WHEREAS, State agencies responsible for the licensing and monitoring of community-based homes for children must work in partnership with each other to provide high quality, safe and appropriate services; and

WHEREAS, A thorough evaluation of Maryland's licensing and monitoring of community-based homes for children is needed to address community concerns and ensure the continued operation and development of successful community-based programs.

NOW, THEREFORE, I, PARRIS N. GLENDENING, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND THE LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. Established. There is a Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children.

B. Membership and Procedures.

(1) The Task Force shall consist of 15 members, including:

(a) The Special Secretary of the Governor's Office for Children, Youth, and Families, who shall serve as Co-Chair;

(b) The Director of the Office of Health Care Quality in the Department of Health and Mental Hygiene, who shall serve as Co-Chair;

(c) The Secretary of the Department of Human Resources, or the Secretary's designee;

(d) The Secretary of the Department of Juvenile Justice, or the Secretary's designee;

(e) The State Superintendent of Education, or the Superintendent's designee;

(f) The Director of the Developmental Disabilities Administration, or the Director's designee;

(g) The Director of the Mental Hygiene Administration, or the Director's designee;

(h) The Director of the Governor's Office for Individuals With Disabilities, or the Director's designee;

(i) A member of the Senate appointed by the President of the Senate;

(j) A member of the House of Delegates appointed by the Speaker of the House; and

(k) Up to five members appointed by the Governor who have relevant experience, and who may include representatives from advocacy organizations, licensed providers of residential care and community associations.

(2) Members shall serve at the pleasure of the Governor.

(3) The members of the Task Force may not receive compensation for their services. Members may be reimbursed for their reasonable expenses incurred in the performance of their duties, in accordance with the State Standard Travel Regulations and as provided in the State Budget.

(4) Staffing for the Task Force shall be provided by the Governor's Office for Children, Youth, and Families and the Department of Health and Mental Hygiene, with assistance as necessary being drawn from other State agencies.

C. Duties of the Task Force.

(1) The Task Force shall examine the process for the licensing and monitoring of community-based homes for children licensed by the Department of Human Resources, the Department of Juvenile Justice and the Department of Health and Mental Hygiene by:

(a) Evaluating the process and requirements each department utilizes for licensing community-based homes for children, including the process for licensing community-based homes that are used by two or more State agencies;

(b) Evaluating the frequency and adequacy of the process and procedures used for monitoring community-based homes for children;

(c) Researching and evaluating best practices in the licensing and monitoring of community-based homes for children;

(d) Examining the staffing qualifications, specifically in the areas of education and experience, that an individual who is not licensed by the State must satisfy to be employed in a community-based home for children;

(e) Evaluating the resources allocated to school districts that provide services to children who have been placed in a community-based home out of their area of residency;

(f) Recommending changes to the licensing and monitoring of community-based homes for children to enhance the coordination between the departments, including evaluating the feasibility of creating a single interagency authority to license and monitor all community-based homes for children; and

(g) Determining the most appropriate means for eliciting and responding to citizen concerns about licensed community-based homes for children.

(2) In completing its examination, the Task Force may:

(a) Conduct site visits to community-based homes for children around the State;

(b) Visit and review the licensing and monitoring programs at the Department of Human Resources, the Department of Juvenile Justice and the Department of Health and Mental Hygiene; and

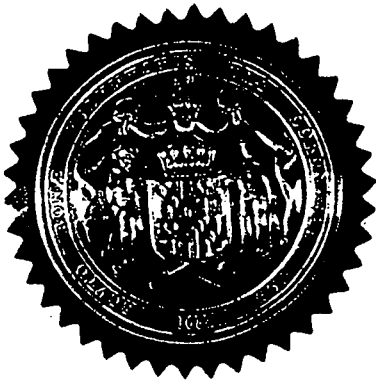
(c) Hold at least two hearings to gather public comment around the State:

i. At least one of which shall be in Annapolis;
and

ii. At least one of which shall be in Baltimore.

D. Reporting Requirements. The Task Force shall prepare and submit to the Governor a status report on its activities on or before December 1, 2000 and a final report with recommendations for improving the licensing and monitoring of community-based homes for children and for eliciting and responding to citizen concerns about community-based homes on or before October 1, 2001.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 25th Day of September, 2000.



Parris N. Glendening
Parris N. Glendening
Governor

ATTEST:

John T. Willis
John T. Willis
Secretary of State

APPENDIX B:

TYPES OF COMMUNITY- BASED HOMES REVIEWED BY THE TASK FORCE

The following types of community-based homes are
licensed by COMAR 01.04.04:

Small Group Homes	131
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Therapeutic Group Homes	19
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Alternative Living Units	65
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Large Group Home	29
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Shelter Care	34
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Secure Care Facility	2
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Respite	3
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Wilderness Program	1
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Total:	284
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APPENDIX C:
MEETING MINUTES

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

Friday, February 9, 2001
Senate Finance Committee Room
3 East Miller Senate Building
Minutes approved: March 9, 2001

TASK FORCE MEMBERS

Craig Adams, DHR
Carol Ann Baglin, MSDE
Carol Benner, OHCQ/DHMH, Co-Chair
Anne S. Davis
James Filipczak,
Veronica Giddens
Delores Kelley, Senator
Bonnie A. Kirkland, Special Secretary, OCYF, Co-Chair
Henry Lesansky, DJJ
Bea Rodgers, OID
Lynell Tucker, DDA
Ella White-Campbell
Albert Zachik, MHA/DHMH
Bobby Zirkin, Delegate

GUESTS

Linda Bluth, MSDE
Virginia Cieslicki, MSDE
Jean Clarren, OCYF
Bill Dorrill, OHCQ/DHMH
Theresa Goddard, Representative for Senator Rosser
Rosemary King-Johnston, MSDE
Eleanor Kopchick, MSDE
Grace Turner, DHR
Bobette T. Watts, OID

STAFF TO TASK FORCE

Laura Brown, OCYF
Yvette Dixon, OHCQ
Roann Tsakalas, OCYF

AGENDA ITEMS

Welcome and Introductions – Bonnie Kirkland, Special Secretary, OCYF and Carol Benner, Director, DHMH, Health Care Quality, Co Chairs

Introductions and Comments – Member Purpose/Role for Task Force:

- Albert Zachik - MHA, Therapeutic group homes and quality care for children.
- Lynell Tucker - DDA, To ensure Quality through group homes.
- Anne Davis - Adhere to Standards for Community homes.
- Jim Filipczak, Edgemoade - "Seamless process for Children, providers and state agencies."
- Carol Ann Baglin, MSDE - "Representative for children with disabilities and Special Education Programs in Local School Systems, and Support Rate Setting process."
- Ella White-Campbell, Liberty Community Council – "My interest is that community based homes are over Saturated in neighborhoods and in the local schools in Northwest section of Baltimore County."
- Bea Rodgers, OID - "Continue to understand the opportunities for children to be served and integrated into the community."
- Senator Delores Kelley - "We have more group homes than any other district in the state. We need services, resources for the community and Local School Systems, monitoring, sufficient resources, and staffing."
- Delegate Zirkin - "I represent a Neighboring district to Senator Kelley, with many group homes. We need opportunities for Children and community interaction that would avoid community flare ups."

Review of Executive Order –Carol Benner, Co-Chair

- Reviewed the specific duties and the scope of the work as outlined on the Executive Order.

Review proposed work plan and time line – Roann Tsakalas

- Task Force members are to review for corrections and/comments and forward changes to Ms. Tsakalas prior to the next scheduled meeting.

Opening Remarks – The Honorable Delores Kelley/The Honorable Robert Zirkin

Comments:

- Senator Delores Kelley: "We should consider a single interagency body for licensing and monitoring. We need to consider the fiscal aspect for a single licensing and monitoring."
- Delegate Zirkin: "What services are happening for Children in School and in the Community. How is the community involved with the group homes in my District?"

Brief Overview of the role and responsibilities of the Subcabinet's Resource Development and Licensing Committee and Single Point of Entry – Jean Clarren

- The Resource Development and Licensing Committee (RDLC) is a standing committee of the Subcabinet Partnership Team. The RDLC was created from two committees, the Licensing Policy Board (LPB) and the Resource Development Committee. The charge of the RDLC is to ensure the development of appropriate community-based resources to meet the needs of children in Maryland. At the time of the creation of the original LPB, there were a large number of children in out-of-state placements for whom placement resources were not available in Maryland. There were a number of problems identified that contributed to this lack of sufficient resources. One of them was the difficulty experienced by potential providers who might have to submit a licensing application to more than one state licensing agency, before they knew which agency was the appropriate agency to license their particular program. At the same time, a state licensing agency might spend many hours working with a potential applicant to help that individual determine whether they were interested in becoming licensed and helping them prepare the preliminary proposal and identification of the population they wished to serve.
- The creation of a Single Point of Entry, to be located in the Office for Children, Youth, and Families, was seen as an effective and efficient means to screen potential providers – both into the state licensing system and out of the system, when it was clear the individuals were not interested in meeting the requirements for licensure. The process works as follows: any potential provider contacts Ms. Nancy Slaterbeck, Resource Development Coordinator at OCYF. She conducts information meetings for potential providers; 10 meetings were held in FY 2000; average attendance at each meeting is between 50 and 65 individuals. A copy of the proposal packet and the core regulations are distributed to all attendees (copies are in the Task Force members' packets). Ms. Slaterbeck provides an overview of the process necessary to become a licensed residential child care provider in Maryland and discusses the particular child populations for whom resources are still needed. An applicant submits a proposal to the SPE where it is reviewed by Ms. Slaterbeck, who either returns it with comments or, if it is complete, forwards it to the appropriate state licensing agency to begin the licensing process.
- The SPE has proven to be effective in increasing placement resources in Maryland and in targeting potential applicants to the appropriate licensing agencies. There is, however, discussion in the RDLC, regarding revision of the regulations governing the SPE and of the need to increase requirements for the proposals prior to forwarding them to a licensing agency. The RDLC also serves to help when one state agency requests transfer of a provider to another agency. In fact, recently the DJJ wrote the SPE and said that they would not continue to be the licensing agency for a provider, who was not serving DJJ youth primarily (but they were not recommending the license be suspended but that it be assigned to another licensing agency). The RDLC discussed the most appropriate agency, and based on the services provided, assigned it to DHMH for licensure as a therapeutic group home.

- The RDLC has developed a strategic plan for FY 2001, which has been approved by the Subcabinet Partnership Team and which includes revision to the "core regulations", the basis regulations governing licensure of residential child care facilities in Maryland. The Developmental Disabilities Administration has written a module governing licensure requirements for children with developmental disabilities, has presented this to the RDLC, which decided the module contains many important requirements that should apply to all children. So this module will be incorporated into the core regulations revision. An interagency committee is meeting to recommend additional revisions to these regulations, with the intention of strengthening the protections for children, and will be reporting to the RDLC by June, 2001.

Member Suggestions:

- The Single Point of Entry booklet should cover the following issues:
- Language of motivation - why a provider would like to open a group home and/or the "basic love for children"
- Need additional educational information – how to link a child with school services
Inquire about the experience of the potential provider (i.e. history of providing residential services).
- The SPE booklet is geared completely towards a business plan. Ms. Clarren explained that it reduced the number of proposals that go forward for licensure. The SPE booklet has been revised to include strong business language as that has been a problem with providers not realizing the importance of good business practices.
- Jim Filipczak suggested: We should consider for the next meeting to have the number of facilities, per licensing agency, per county, and the type of group homes that we (state) are offering, currently? Provide this data via tables/charts. The data would provide what type of resources we are lacking. How many community based group homes do we need? We need to determine the location that need community based group homes.

Concern:

- Delores Kelley: The majority of children that are placed, are DJJ children, that have been placed in communities that they did not grow up in, no relatives, this creates crisis. The outcome: short-term placement (30 to 65 days) for children and long-term problems for the community.

Presentations: Four State licensing and/or certifying Agencies:

Lynell Tucker, Developmental Disabilities Administration (DDA) presentation:

- DDA licenses 34 residential child care providers. Approximately half of these providers operate ALUs (Alternative Living Units- up to 3 children), approximately 13 operate small group homes (up to 5 children), one operates large group homes (up to 8 children), and two operate IFC (Independent Family Care Programs).
- In addition to those issues and recommendations addressed by the Office for Health Care Quality, one may wish to further consider the inclusion of the DDA module into the CORE regulations. This module is geared to meet the specific needs of individual children. As a result of reviewing the module, the Resource Development Licensing Committee (RDLC) prepared the following recommendation to the Subcabinet Partnership Team:
- The RDLC supports the integration of DD children in out-of-home placements based on the needs of the child and the provider's ability to meet those needs. The RDLC recognizes that additional training for state and local agency staff and providers will be necessary to ensure the well being of children.
- The RDLC agrees that current staffing is insufficient to adequately implement the stated recommendations.
- While, the move towards integrating community residential homes for children is a positive one, a great deal of collaboration and coordination lies ahead. Important to note is the fact that:
- Each of state agencies are dedicated to meeting the needs of all children, youth and families.
- The only means to ensure quality service is to provide the necessary tools, staffing and training.
- With the development of the CORE regulations, and now their revision, the State demonstrates a desire to meet the needs of Maryland's children in the best way possible. An extensive degree of planning and restructuring will be required if it is determined that an interagency strategy is the best way to address the issues related to the licensing and monitoring of residential child care facilities.

Recommendation: Present a copy of the CORE regulations for the next scheduled meeting.

Bill Dorrell, Office of Health Care Quality presentation:

- The Office of Health Care Quality licenses 23 therapeutic group homes, 15 Residential Treatment Centers and 34 residential child care providers in conjunction with DDA.
- Complaints are handled within twenty-four hours.
- The office of Health Care Quality sends "Survey teams" to review licensing and monitoring of these facilities. Sites are surveyed, approximately once every 18 months.

- The survey teams include:
 - Therapeutic Group Homes: Nurses with mental health experience complete the survey.
 - Residential Treatment Centers: Psychologist represent the survey team.
 - Residential Child Care Providers/DDA: Individuals with mental health and behavioral background conduct these surveys.
- Total number of facilities: 70. Of those 70 facilities, how many have sanctions? Two. All site visits are unannounced.
- Mr. Dorrill discusses a recent site visit that resulted in 18 days of hearings, 50 cases being transferred, 100 police reports, thousands of dollars of manpower, and OHCQ won the case. Outcomes from this case: Staff must have a basic understanding of how to operate a group home, additional training for staff, and the biggest concern, often found in these facilities is the lack of supervision.

Suggestion:

- The Task Force members would like to review the number of complaints received for each of the State licensing agencies (DHR? DJJ? DHR? How many complaints for each).

Question:

- Delegate Zirkin: What is the threshold to be called into the Office of Health Care Quality? Response: If the residential provider has not responded to our survey report in a timely manner.

Albert Zachik, Mental Hygiene Administration Presentation:

- There are currently 23 therapeutic group homes licensed in Maryland with a 24th in process. Each serves six to eight children. All children must have a DSM IV Axis I mental health diagnosis. Three homes serve girls. Each home serves youth in a therapeutic milieu with additional therapies offered by home staff or community mental health providers.
- Currently, there is a supervisor and six staff who monitor the therapeutic group homes as well as other community-based programs. Homes are monitored once a year. Three staff monitor many aspects of the program over a two-day visit. All youth are interviewed, records are reviewed, and the environment is inspected. New programs are being added, so additional staff will be needed.

Questions:

- Senator Delores Kelley:
When MHA conducts their site visits, are educational programs reviewed?
- Response: Yes, MHA regulations states that an Individual Educational Plan be in the Child's record.

Current Needs:

- MHA needs more staff for monitoring.

Craig Adams, Social Services Administration (SSA) of the Department of Human Resources (presentation)

- SSA currently has a staff of four Licensing Coordinators (all have Masters of Social Work degrees) have responsibility for on-site inspections at least twice year of 262 licensed sites (i.e., at least 524 on-site inspections) located throughout the entire State, plus additional site visits on a more frequent basis (including unannounced inspections) to organizations and sites which have demonstrated regulatory compliance issues or on which complaints were made. Site visits include inspection of the facility for compliance with regulatory requirements and to ensure safety and proper care of the children; interviews with residents and with staff; review of case records regarding treatment and care services, and review of Personnel records to ensure appropriate screening, review, and staff training. Additionally, the Licensing Coordinators provide assistance, support, and consultative service to applicant organizations to help them understand the regulatory requirement, submit an appropriate application, and ensure appropriate service planning and implementation. The number of licensed sites has grown from 179 in FY 99 to 262 in FY 01, a growth of 46% with no increase in staff. The growth reflects our efforts to expand community resources for children and help develop an appropriate network of community providers.
- Number of facilities that are currently licensed:

	<u>Agencies</u>	<u>Licensed Sites</u>
Residential Child Care Centers	80	178
Child Placement Agencies	68	84
Total:	148	262
- Site visits are conducted every six months. The surveyors randomly sample a few records.
- Potential Providers enter the system through the Single Point of Entry at OCYF. At the "Single Point of Entry" meeting, the potential provider receives several manuals to be used for the development of the proposal. When the proposal is received by SSA, an application packet is sent to the potential provider.

Questions:

- Do you review the educational plans? Response: Yes, the CORE regulations dictate that the following documentation be included in a child record:
 1. Health record
 2. Recreation plans
 3. Social History
 4. Educational Plan
 5. Discharge Plan
- How much time does it take to conduct a site visit on a 6 month basis? Response: We may conduct two site visits for two residential providers in a given day. Usually, one provider per day. We have approximately 500 to monitor and license.
- Delegate Zirkin: What type of activities are offered in the group home, that would introduce the children to the community? Response: The regulations dictate that the Treatment Plan which must include a program plan (recreation plans, community activities, etc). The Department of Human Resources encourages the residential providers to work with community associations.

Henry Lesansky, Department of Juvenile Justice Presentation

- Department of Juvenile Justice currently licenses eighteen (18) community-based small and large group homes. Additionally, the Department licenses several secure care facilities, structured care, respite care and wilderness type programs, and also has approximately fifty-six (56) community-based group home contracts, including the eighteen (18) previously referenced.

Questions:

- How does DJJ handle Complaints?

Response: Depending upon the nature and severity of the complaint, one or all of the following units are assigned to address the situation:

1. Investigations Unit: Emergency & Critical Incidents & On Call Administrator, On-Call Investigator (Weekdays until 8:00 p.m.), Anonymous Correspondence, Acts of Impropriety, Illegal Acts.
2. Child Advocacy Unit: Youth Rights, Youth Grievances and Community Concerns

3. Audit Unit: Regulatory, Scope of services, Specifications, Law (State, Federal, Local, etc) Policy/Procedure
4. Professional Standards: Performance Standards and DJJ Policies and Procedures
5. Management Services and Quality Assurance: Vendor Database, Document Tracking, Report Format, Training and Staff Development Plan

- What are the Current problems/Challenges?
- Please refer to the DJJ handout.

Suggestions:

- How many Department of Juvenile Justice Children are placed in Department of Human Resources facilities (need data on DJJ children in non-DJJ licensed homes)?
- Have you (DJJ) received complaints from biological parents who have been upset because their children (DHR children) were placed/housed with DJJ children?
- Response: We monitor the DJJ children when they are placed in a DHR facilities. DHR residential providers are required to submit monthly reports to SSA regarding current status of admissions.

Virginia Cieslicki and Eleanor Kopchick, Maryland State Department of Education presentation:

- Currently, 1400 nonpublic Schools in Maryland. 104 nonpublic receive public funding for their educational programs. Each of these educational programs is approved under COMAR 13A.09.10.
- 82 of the 104 schools, receive non-public tuition assistance from the State Department of Education and local school systems to provide special education services.
- One Accreditation Specialist is assigned to all initial approval, onsite monitoring, intensive monitoring, approval of changes in operation, and compliant investigations in these 82 schools.
- 21 of the 104 schools provide short-term (an average of 60 days or fewer) educational programs in facilities licensed by State agencies to provide shelter care, day psychiatric, hospitalization, or detention services. Some of these 21 schools may also be approved to operate a general education and/or special education program. Funding for these educational programs is provided by the licensing agency.
- 9 of the 104 schools provide general education programs in residential facilities licensed by another State agency to provide care and/or treatment.

- Please refer to handout for further details.

Discussion: Inquire if any of the Task Force members would like to visit a group home (as outlined in the executive order).

- Visit to Group Home Sign Up:

1. Veronica Giddens
2. Bea Rodgers
3. Senator Delores Kelley
4. Delegate Bobby Zirkin
5. Carol Benner
6. Yvette Dixon
7. Al Zachik
8. Lynell Tucker
9. Anne Davis
10. Jim Filipczak

Scheduled Future Meetings:

- Friday, March 9, 2001 in the Senate Building at 9 a.m. to 11 a.m.
- Friday, April 27, 2001 in the Senate Building at 10 a.m. to 12 p.m.
- Friday, May 24, 2001 in the Senate Building at 10 a.m. to 12 p.m.

Task Force adjourned: 3:45 p.m.
Recorder: Laura Brown, OCYF

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

Friday, February 9, 2001

Senate Finance Committee Room

3 East Miller Senate Building

Approved

TASK FORCE MEMBERS

Carol Ann Baglin, MSDE
Ella White-Campbell
Carol Benner, OHCQ/DHMH, Co-Chair
Bonnie A. Kirkland, Special Assistant, OCYF, Co-Chair
Albert Zachik, MHA/DHMH
Lynell Tucker, DDA
Anne S. Davis
James Filipczak,
Craig Adams, DHR
Bea Rodgers, OID
Delores Kelley, Senator
Bobby Zirkin, Delegate
Henry Lesansky, DJJ
Veronica Giddens

GUESTS

Rosemary King-Johnston, MSDE
Linda Bluth, MSDE
Bobette T. Watts, OID
Eleanor Kopchick, MSDE
Virginia Cieslicki, MSDE
Theresa Goddard, Representative for Senator Rosser
Jean Clarren, OCYF
Grace Turner, DHR

STAFF TO TASK FORCE

Roann Tsakalas, OCYF
Laura Brown, OCYF
Yvette Dixon, OHCQ

AGENDA ITEMS

- Welcome and Introductions – Bonnie Kirkland, Special Secretary, OCYF and Carol Benner, Director, DHMH, Health Care Quality, Co Chairs

Introductions and Comments – Objective of Task Force – Members comment:

- Albert Zachik - MHA, Therapeutic group homes and quality of care
- Lynell Tucker – DDA, To ensure Quality through group homes.
- Anne Davis , Citizens,– Adhere to Standards
- Jim Filipczak, Edgemoor, “ Seamless process for Children, providers and state agencies”.
- Carol Ann Baglin, MSDE, “ Representative children with disabilities and Special Education Programs in Local School Systems, Support Rate Setting process.”
- Ella White-Campbell, Liberty Community Council “ Over Saturated in neighborhood and in the local schools in North west section of Baltimore County.
- Bea Rodgers, OID, “ Continue to understand the opportunities for children to be served and integration into the community.
- Senator Delores Kelley, “ More group homes than any other district in the state, services, resources for the community and local School Systems, monitoring, sufficient resources and staffing”.
- Delegate Zirkin, “ Neighboring district to Senator Kelley, many group homes, opportunities for Children and community interaction, would avoid community avoid community flare ups”.

Review of Executive Order –Carol Benner, Co-Chair

- Reviewed the specific duties and the scope of the work as outlined on the Executive Order.

Review proposed work plan and time line – Roann Tsakalas

- Task Force members are to review for corrections and/comments and forward changes to Ms. Tsakalas prior to the next scheduled meeting.

Opening Remarks – The Honorable Delores Kelley/The Honorable Robert Zirkin

Comments:

Senator Delores Kelley: We should consider a single interagency body for licensing and monitoring. We need to consider the fiscal aspect for a single licensing and monitoring.

- Delegate Zirkin, What services are happening for Children in School and in the Community. How is the community involved with the group homes in my District?“.

Brief Overview of the role and responsibilities of the Subcabinet's Resource Development and Licensing Committee and Single Point of Entry – Jean Clarren

- The Core regulations were established as a result of a Task Force recommendation. Core regulations were intended to assist the state agencies with licensing.
- The Single Point of Entry meeting was created to serve as a “gate keeper” for new providers. SPE purpose: provides one point of entry, for citizens. Citizens place one phone call to Nancy Slaterbeck, Resource Development Coordinator for OCYF, this starts the process of opening/establishing a group home for children. Citizens are invited to attend an informational meeting, offered through OCYF. During the SPE meetings the citizens are given the proposal packet (includes the proposal outline, business plan, important contact numbers, etc), copy of the core regulations, and Ms. Slaterbeck provides an overview of how the process starts for establishing a group home. The proposal packets are received and reviewed by Ms. Slaterbeck. From this point, Ms. Slaterbeck proceeds to forward the proposals to the appropriate state agency for review , in order to initiate the licensing process.

Comments:

- Senator Delores Kelley: What happens with the cloister of people that are establishing group homes in my district, Northwest corridor? State to provide extra resources for Mental Health Services due to the cloisters of group homes.
- Dr. Ella White-Campbell: Agreed, with Senator Kelley comments. “ There is an overwhelming disservice to other children in the LSS and to the children that are placed in these LSS, in regards to the lack of resources in LSS.

Suggestions:

- The Single Point of Entry booklet should cover the following issues:
 - No language of motivation why a provider would like to open a group home and/or the “ basic love for children” not discussed in the SPE packet
 - Need additional educational information
 - SPE does not inquire about the experience of the potential provider (i.e. history of providing residential services).
- The SPE booklet is geared completely towards a business plan. Why? To reduce the number of proposals that go forward for licensure. The SPE booklet has been revised ,as charged, the SPE booklet was changed to include strong business language.
- **Jim Filipczak** suggested: We should consider for the next meeting to have the number of children, per licensing agency, per county the type of group homes that we (state) are offering, currently? Provide this data via tables/charts. The data would

provide what type of resources we need to provide. How many community based group homes do we need? We need to determine the location that need community based group homes.

Suggestion:

- Delores Kelley: The majority of children that are placed, are DJJ children, that have been placed in communities that they did not grow up in, no relatives, this creates crisis. The outcome: short-term placement (30 to 65 days) for children and long-term for community.

Presentations: Four State licensing and/or certifying Agencies:

Lynell Tucker, Developmental Disabilities Administration presentation:

- DDA licenses 34 residential child care providers. Approximately ½ of these providers operate ALUs (Alternative Living Units- up to 3 children), approximately 13 operate small group homes (up to 5 children), one operates large group homes (up to 8 children), and two operate IFC (Independent Family Care Programs).
- In addition to those issues and recommendations addressed by the Office for Health Care Quality, one may wish to further consider the inclusion of the DDA module into the CORE regulations. This module is geared to meet the specific needs of individual children. As a result of reviewing the module, the RDLC prepared the following recommendation to the Sub-cabinet Partnership:
 - The RDLC supports the integration of children in out-of-home placements based on the needs of the child and the provider's ability to meet those needs.
 - The RDLC recognizes that additional training for state and local agency staff and providers will be necessary to insure the well being of children.
 - The RDLC agrees that current staffing is insufficient to adequately implement the stated recommendations.
- While, the move towards integrating community residential homes for children is a positive one, a great deal of collaboration and coordination lie ahead. Important to note is the fact that:
 - Each of state agencies are dedicated to meeting the needs of all children, youth and families.
 - The only means to ensure quality service is to provide the necessary tools, staffing and training.

With the development of the CORE regulations, and now the their revision, the State demonstrates a desire to meet the needs of Maryland's children in the best way possible.

An extensive degree of planning and restructuring will be required if it is determined that an interagency strategy is the best way to address the issues related to the licensing and monitoring of residential child care facilities.

Recommendation: Present a copy of the CORE regulations for the next scheduled meeting.

Bill Dorrill, Office of Health Care Quality presentation:

- The Office of Health Care Quality licenses 23 therapeutic group homes, 15 Residential Treatment Centers and 34 residential child care providers in conjunction with DDA.
- Complaints are handle within twenty-four hours.
- The office of Health Care Quality sends " Survey teams" to review licensing and monitoring of these facilities. Site are surveyed , approximately once every 18 months.
- The survey teams include:
 - Therapeutic Group Homes: Nurses with mental health experience complete the survey.
 - Residential Treatment Centers: Psychologist represent the survey team.
 - Residential Child Care Providers/DDA: Individuals with mental health and behavioral background conduct these surveys.

Total number of facilities: 70 Of those 70 facilities, how many have sanctions? Two . All site visits are unannounced.

- Mr. Dorrill discusses a recent site visit that resulted in 18 days of hearing, 50 cases being transferred, 100 police reports, thousands of dollars of man power and OHCQ won the case. Outcomes from this case: Staff must have a basic understanding of how to operate a group home, additional training for staff, and the biggest concern, often found in licensing our facilities, is the lack of supervision.

Suggestion:

- The Task Force members would like to review the number of complaints received for each of the State licensing agencies (DHR ? DJJ ? DHR ? how many complaints for each).

Question:

Delegate Zirkin: What is the threshold to be called into the Office of Health Care Quality? **Answer:** If the residential provider has not responded to our survey report in a timely manner.

Albert Zachik, Mental Hygiene Administration Presentation:

- There are currently 23 therapeutic group homes licensed in Maryland with a 24th in process. Each serves six to eight children. All children must have a DSM IV Axis I mental health diagnosis. Three homes serve girls. Each home serves youth in a therapeutic milieu with additional therapies offered by home staff or community mental health providers.
- Currently, there is a supervisor and six staff who monitor the therapeutic group homes as well as other community-based programs. Homes are monitored once a year. Three staff monitor many aspects of the program over a two-day visit. All youth are interviewed, records are reviewed, and the environment is inspected. New programs are being added. Additional staff will be needed.
- MHA/DHMH: Believes the existing procedure of the single point of entry at OCYF with referral to the appropriate licensing agency for licensure is working well. There may need to be some fine-tuning of the process. The resource development/licensing and certification committee of the Sub-Cabinet regularly reviews the licensing process and has made many changes to improve the process over the last few years. A possible change might be more interagency team visits during monitoring visits when a home has youth that cross over areas of expertise between the departments for example DHMH joining DHR on the visit to a home serving medically fragile youth.

Questions:

- Senator Delores Kelley:
When MHA conducts their site visits, are educational programs reviewed?
Answer: Yes, in MHA regulations, states that an Individual Educational Plan be in the Child's record.

Current Needs:

- MHA needs more staff for monitoring.

Craig Adams, Department of Human Resources presentation

- Social Services Administration (SSA). Currently, a licensing staff of four, all of who masters degree in social worker. In addition, the manager of the unit is a licensed social worker. Four monitors for 2000+ Children.

- Number of facilities that are currently licensed: 245 facilities, 60 Child placement agencies, of those there are: Treatment Foster Care, Individual Placements and Adoption Services. 185 residential providers at 300 sites.
- Site visits are conducted every six months. The surveyors randomly sample a few records.

Potential Providers enter the system through the Single Point of Entry at OCYF. At the "Single Point of Entry" meeting, the potential provider receives several manuals to be used for the development of the proposal. When the proposal is received by SSA, an application packet is sent to the potential provider.

Questions:

- Senator Kelley: Do you review the educational plans? Yes, the CORE regulations dictate that the following documentation be include in a child record:
 1. Health record
 2. Recreation plans
 3. Social History
 4. Educational Plan
 5. Discharge Plan

How much time does it take to conduct a site visit on a 6 months basis? We may conduct two site visits for two residential providers in a given day. Usually, one provider per day. We have approximately 500 to monitor and license.

Questions:

- Delegate Zirkin: What type of activities are offered in the group home, that would introduce the children to the community?
- Answer: The regulations dictates that the Treatment Plan which must include a program plan (recreation plans, community activities, etc). The Department of Human Resources encourage the residential providers to work with community associations.

Henry Lesansky, Department of Juvenile Justice Presentation

- Department of Juvenile Justice currently licenses eighteen (18) community-based small and large group homes. Additionally, the Department of licenses several secure care facilities, structured care, respite care and wilderness type programs and also has approximately fifty-six (56) community-based group home contracts, including the eighteen (18) previously referenced.

How does DJJ handle Complaints?

- Depending upon the nature and severity of the complaint, one or all of the following units are assigned to address the situation:
 -
 - 1. Investigations Unit: Emergency & Critical Incidents & On Call Administrator, On-Call Investigator (Weekdays until 8:00 p.m.), Anonymous Correspondence, Acts of Impropriety, Illegal Acts.
 - 2. Child Advocacy Unit: Youth Rights, Youth Grievances and Community Concerns
 - 3. Audit Unit: Regulatory, Scope of services, Specifications, Law (State, Federal, Local, etc) Policy/Procedure (DJJ
 - 4. Professional Standards: Performance Standards and DJJ Policies and Procedures.
 - 5. Management Services and Quality Assurance: Vendor Database, Document Tracking, Report Format, Training and Staff Development Plans, Clerical Support.
- What are the Current problems/Challenges?
 - Please refer to the handout.

Suggestions:

- **How many Department of Juvenile Justice Children are placed in Department of Human Resources facilities (need data on DJJ children in non-DJJ licensed homes)?**
- **Have you (DJJ) received complaints from biological parents who have been upset because their children (DHR children) were placed/housed with DJJ?**
- We monitor the DJJ children when they are placed in a DHR facilities.
- DHR residential providers are required to submit monthly reports to SSA regarding current status of admissions.

Virginia Cieslicki and Eleanor Kopchick, Maryland State Department of Education presentation:

- Currently, 1400 nonpublic Schools in Maryland. 104 nonpublic receive public funding for their educational programs. Each of these educational programs is approved under COMAR 13A.09.10
- 82 of the 104 schools, receive non-public tuition assistance from the State Department of Education and local school systems to provide special education services

- 1 Accreditation Specialist is assigned to all initial approval, onsite monitoring, intensive monitoring, approval of changes in operation, and compliant investigations in these 82 schools.
- 21 of the 104 schools provide short-term (an average of 60 days or fewer) educational programs in facilities licensed by State agencies to provide shelter care, day psychiatric, hospitalization, or detention services. Some of these 21 schools may also be approved to operate a general education and/or special education program. Funding for these educational programs is provided by the licensing agency.
- 9 of the 104 schools provide general education programs in residential facilities licensed by another State agency to provide care and/or treatment.

Please refer to hand out further details.

▪
Discussion Inquire if any of the Task Force members would like to visit a group home (as outlined in the executive order)

▪ **Visit to Group Home Sign Up:**

1. Veronica Giddens
2. Bea Rodgers
3. Senator Delores Kelley
4. Delegate Bobby Zirkin
5. Carol Benner
6. Yvette Dixon
7. Al Zachik
8. Lynell Tucker
9. Anne Davis
10. Jim Filipczak

Scheduled Future Meetings:

- Friday, March 9, 2001. Senate Building at 9 a.m. to 11 a.m.
- Friday, April 27, 2001 Senate Building at 10 a.m. to 12 p.m.
- Friday, May 24 , 2001 Senate Building at 10 a.m. to 12 p.m.

Task Force adjourned: 3:45 p.m.
 Recorder: Laura Brown, OCYF

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

Friday, March 9, 2001
Senate Finance Committee Room
3 East Miller Senate Building
Approved

TASK FORCE MEMBERS

Craig Adams, DHR/SSA
Linda Bluth, MSDE
Carol Benner, Director, OHCQ/DHMH, Co-Chair
Anne S. Davis
Diane Dressler, DDA
James Filipczak,
Veronica Giddens
Delores Kelley, Senator
Bonnie A. Kirkland, Special Secretary, OCYF, Co-Chair
Henry Lesansky, DJJ
Bobette Watts, OID
Albert Zachik, MHA/DHMH
Bobby Zirkin, Delegate

GUESTS

Bill Dorrill, OHCQ
Jane Smith, DHR

STAFF TO TASK FORCE

Laura Brown, OCYF
Yvette Dixon, OHCQ
Jean Clarren, OCYF

Review and approval of minutes: Bonnie Kirkland, Special Secretary, OCYF and
Carol Benner, Director, DHMH, Health Care Quality, Co Chairs.

Minutes approved from February 9, 2001.

Review and update Work plan - Jean Clarren, Staff, OCYF

Jean Clarren reviewed the work plan with the Task Force members. There were no amendments or changes to the work plan.

Fair Housing Act – JoAnn Goedert, Assistant Attorney General Counsel, OCYF
presentation

JoAnn Goedert gave a presentation on the Fair Housing Act of 1988, addressing the legal Requirements for the Location of Residential Programs for Children.

Please refer to handout distributed during the meeting.

Questions:

Senator Kelley inquired about the definition of "familial status": How does the Fair Housing Act define a family? Response: Ms. Goedert will follow through with researching the definition of family as outlined in the Fair Housing Act.

Delegate Zirkin: Could a citizen utilize the safety exception to the Fair Housing Act's application towards a youth with a history of violence that has been placed in the community? Response: Ms. Goedert explained the exception could be utilized when an individual or individuals poses a real threat or direct threats towards the community. Ms. Goedert stated she would research whether the case law provides further guidance on this question.

Linda Bluth, MSDE, commented that the Fair Housing Act outline presented today, was geared towards case law for adults. She asked if there was any literature related to the FHA centered on the educational component and the child? Response: Ms. Goedert acknowledged that most reported litigation involved adult cases, but noted that the governing legal requirements would apply equally to group homes for children. Ms. Goedert agreed to review bills proposed during this session relating to group homes and share any legal guidance offered by the Attorney General's Office related to them.

Discussion of February State Agencies' Presentations and Data on licensed facilities
All

The Task Force members did not have any additional questions regarding the presentations at the First Task Force meeting on February 9, 2001.

Data on Licensed Facilities:

- Jim Filipczak, Task Force member submitted, a request that each of the four State licensing and/or certifying agencies collect the following data: Identify each home that is currently licensed by the State, Licensing Agency, License #, Type of Home, (SGH, TGH, ALU, etc), Sex Served (M/F), Age Range, County, Zip Code, etc.

Each Agency presented their data:

- Craig Adams, Department of Human Resources, distributed the data from the Department of Human Resources for the members to review. Mr. Adams' documentation included a current directory of residential childcare programs licensed by the Department of Human Resources. The directory included the address (and zip code) of each program; the number of children for which each program is licensed;

and the sex of the children accepted at the program. DHR also included a listing of all beds currently under contract with the Department of Human Resources.

- Jean Clarren, Governor's Office for Children, Youth, and Families, distributed and discussed the handout which contained information from the resource data base on licensed residential child care facilities which is maintain by the Governor's Office for Children, Youth, and Families. The data listed the Levels of Intensity for residential providers in five domains: Care and Supervision, Clinical, Educational, Health/Medical and Family Support. The documentation included the corporate name and the program name, location of the program (jurisdiction), zip code, program type (small, therapeutic, etc) and the level of intensity.
- Albert Zachik, Mental Hygiene Administration/DHMH, distributed data from the Mental Hygiene Administration for review. The data included the Licensing Agency, License #, Gender, For Profit or Not for -Profit, Accredited by Whom, Years Licensed and Date Obtained, County, Zip Code, Licensed Beds Capacity, Contracted Beds and Number, Private Beds and Number, Number of Counselors/Childcare Workers, and # LGSW on Staff.
- Henry Lesansky, Department Juvenile Justice, distributed the data from the Department of Juvenile Justice for the members to review. The data included the following:

First handout: Census Report of Youth in Group Homes Not listed by the Department of Juvenile Justice as of March 8, 2001.

Second handout included: Census Report of Youth in Group Homes Licensed by the Department of Juvenile Justice.

Third handout included the Provider Name, ID, Corporate Name, County, DJJ area (DJJ divides jurisdictions into regions) Per Diem Rate, FY 01 rate, and Scope of Services.

Fourth handout (Supplemented by OCYF) included the Corporate Name, Program Name, and Program Contact (director name), Address, Phone number, Jurisdiction, Age range of males, Age range of females, level of intensity: care and Supervision, clinical, family support, educational, and health/medical.

Task Force Suggestions/Comments:

- Suggestions: Can the State report the number of contracted beds from each of the four State Agencies?
- Response: Jean Clarren said that the number of beds contracted by the each state agency was not available on a state wide data base.

- Comment: Senator Delores Kelley said her major concern is the over concentration of residential providers in her district, as outlined by the data presented.
- Comment: Delegate Robert Zirkin inquired about the levels of intensity. He presented an example for clarification purposes: If a DJJ facility that is listed as low intensity, would that mean that the child would go to the Local School System?
Response: Yes, this is correct.
- Suggestion: Jean Clarren, OCYF, will follow-up with obtaining the "definitions of intensity" and will forward copies to the Task Force members. In addition, Jean explained that the OCYF data presented today was collected from completed "Provider Profiles." If there is any information missing and/or if anyone has further questions regarding the Provider Profile data, they should contact Nancy Slaterbeck, Resource Development Coordinator, at 410-767-1045.
- Suggestion: Senator Delores Kelley asked if OCYF conducts random audits regarding the accuracy of the Provider Profile?
- Response: Craig Adams, DHR, stated that OCYF is updated by the assigned licensing monitors as changes occur.
- Response: Linda Bluth, MSDE, stated that the Interagency Rates Committee conducts a paper review regarding the data that the IRC staff receives. In addition, Ms. Bluth reiterated that the four State Agencies are limited by their resources, as far as conducting random audits of licensed providers.
- Response: Jim Filipczak, stated "As a provider I will vouch for DJJ, DHR, MHA; when they do conduct their annual audits, they are very thorough."
- Comment: Henry Lesansky, DJJ, states that DJJ conducts licensing audits, Re-licensing audits, and Compliance Audits. Also, DJJ has implemented Audits that consist of "Performance Based Contracting Mode of Audits" for approximately 300 contracts. The DJJ administration has begun to focus on outcome compliance results.
- Question: Delegate Robert Zirkin inquired after reviewing data submitted by DHR: Who would I contact if I wanted to report a complaint on a specific program and/or Child? Response: Craig Adams, DHR, you would contact the licensing monitor for that program.
- Question: Delegate Zirkin: Do you track discharge dates? Response: Craig Adams, No, we will in the future. We (DHR) will be establishing a new database called "MDCHESSIE" that will track such data. Hopefully, this database will track the paths of children; where they are initially placed (residential) and to where they are discharged.
- Question: Senator Kelley: What are the visitation policy of these group homes?
Response: Craig Adams, DHR, said "when and where appropriate family engagement is very much encouraged."
- Comment: Senator Delores Kelley said "I have noticed that the zip codes indicated on the data (presented today) included many areas that do not have public transportation. So, how are we accommodating parents? Furthermore, many of the parents of these children are from low-income areas and have limited resources to travel. Response: Anne Davis stated "Providers are held accountable to assist children with visits to their families and therapy as well. Also, so many of these families are relocating often, making it impossible to involve families in the child's program."

Response: Al Zachik: added: "The Mental Hygiene Administration regulations propose the use of public transportation and that families be included in the child's treatment plan."

Determine Public Hearing Dates and Locations – Carol Benner

- Suggestions of Locations:
 - First Public Hearing to be held in Annapolis, MD, Joint Hearing Room in May.
 - Second Public Hearing to be held in Baltimore, MD, 300 West Preston Street, State Auditorium in June.
 - Laura Brown, Staff to Task Force, to follow-up with scheduling the Hearings and to forward directions & flyers to the Task Force members.

Next Scheduled Meetings:

- Friday, April 27, 2001 in the Senate Building at 10 a.m. to 12 p.m.
- Friday, May 24, 2001 in the Senate Building at 10 a.m. to 12 p.m.

Task Force Adjourned: 11:30 a.m.

Recorder: Laura Brown, OCYF

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

Friday, April 27, 2001
Senate Finance Committee Room
3 East Miller Senate Building
Draft

TASK FORCE MEMBERS

Craig Adams, DHR/SSA
Linda Bluth, MSDE
Carol Benner, Director, OHCQ/DHMH, Co-Chair
Anne S. Davis
Lynell Tucker, DDA
James Filipczak,
Delores Kelley, Senator
Bonnie A. Kirkland, Special Secretary, OCYF, Co-Chair
Henry Lesansky, DJJ
Bea Rodgers, OID
Albert Zachik, MHA/DHMH

GUESTS

Bill Dorrill, OHCQ
Nancy Slaterbeck, OCYF

STAFF TO TASK FORCE

Laura Brown, OCYF
Jean Clarren, OCYF
Yvette Dixon, OHCQ
Roann Tsakalas, OCYF

Review and approval of minutes: Bonnie Kirkland, Special Secretary, OCYF and
Carol Benner, Director, DHMH, Health Care Quality, Co Chairs.

Minutes approved from March 9, 2001.

Best Licensing and Monitoring Practices Presentation Nancy Slaterbeck, OCYF

Nancy Slaterbeck, Governor's Office for Children, Youth, and Families, conducted Best Licensing and Monitoring Presentation. Ms. Slaterbeck, acknowledged the assistance of Yvette Dixon, OHCQ, and Laura Brown, OCYF, in the search for Best Practices. Ms. Slaterbeck stated that we attempted to contact 50 states via email and verbal contact regarding best practices. We narrowed our research to include eleven states with several common best practices.

Ms. Slaterbeck distributed three handouts:

- **First handout:** A chart that depicts several common best practices from eleven states. The chart was broken down into the following categories: State, Single Set of Regulations, Single Licensing Monitoring Entity (Majority of the states are under one umbrella), Certification/Licensure of Chief Administrators, Licensing Fees, Sanctions & Financial Penalties, Ratio of Licensing Staff to Providers, and Comments/Notes (See handouts for details).
- **Second Handout:** California Required Core of Knowledge for Group Home Administrators. Handout shows areas of core knowledge.
- **Third Handout:** Florida Department of Juvenile Justice Bureau of Quality Assurance Performance Rating Profile (refer to handout).

Ms. Slaterbeck began her presentation. The outline follows:

Concepts:

- **Certification or Licensure of Administrators**
 - California: 40 hour course & Test
 - Texas: Test
- **Regulation Changes**
 - States that revised their regulations in last three years.
 - California 1998
 - Delaware: 1999
 - Louisiana:
 - Connecticut
- **Currently Revising**
 - Idaho
 - Nevada
 - Maryland
 - Oregon: Will soon begin process of revising
- **Licensing Fees**
 - California
 - Louisiana
 - Texas
- **Financial Penalties**
 - California
 - Louisiana
 - Texas
- **Monitoring Report Card**
 - Florida Department of Juvenile Justice

- Louisiana would like to move in this direction

Caseload of Licensing & Monitoring Staff

- Delaware: 30 programs per licensing and monitoring staff
- Idaho: 20 programs per licensing & monitoring staff
- Texas: 20 programs per licensing & monitoring staff
- Louisiana: 125 programs per licensing & monitoring staff
(40% are residential facilities and 60% are day care centers)

Comments:

Senator Kelley: Commented that Florida's "Report Card" is an efficient tool to measure quality assurance. Furthermore, Maryland should develop such as report card to monitor the following: Nutrition (appropriate menus) for group homes, how often a provider and/or parent (regarding a child placed in a group home) interacts with the local school system (e.g. PTA, school conferences), and exactly what type of after school programs are available (to children in placements).

Response:

Nancy Slaterbeck, OCYF, commented that the Resource Development and Licensing Committee is in the process of revising Maryland's regulations regarding residential child care providers.

- The regulations will not be promulgated until all appropriate parties have reviewed and approved them.
- The recommended revisions include qualifications and training requirements for cooks. Training requirements specify that 10 hours be designated in the following areas: nutrition, food preparation and menu development.
- Currently, only child care staff are required to obtain 40 hours of training annually. The proposed revisions require all direct care staff and CEOs to complete 40 hours of training annually.
- Proposed revisions also speak to recreational activities and community interaction.

Comment and Follow -Up:

- What are the current regulations regarding immunizations for children in placement? Research current regulations for clarification (Refer to COMAR 01.04.04 , in back of binder, page 400-34).
- Note: Each child-placing agency is different as far as immunizations of children.
- Senator Delores Kelley: How do we monitor providers to ensure they have official and active advisory boards and not just "paper tigers." (Refer to COMAR 01.04.04, in back of binder, page 400-8).
- Anne Davis: Often, providers ensure official advisory boards through accreditation.

- Senator Delores Kelley: We need to increase the number of unannounced monitoring visits. How often do we conduct unannounced site visits?
- Need to train placement workers to match a child's needs with the service providers in a particular group home.
- Dr Linda Bluth, Maryland State Department of Education, Chair of the Interagency Rates Committee, said "That we don't know what we are paying for we can't always link specific service to specific children."

Suggestion:

- Nancy Slaterbeck to follow-up with contacting Illinois and New Jersey regarding accreditation of advisory boards.
- Jim Filipczak: Requested to review the entire report from Florida's Department of Juvenile Justice Bureau of quality assurance performance rating profile (third handout). Nancy Slaterbeck, OCYF, will mail the web site of the report card to each Task Force member.

Discussion of Maryland's Current Licensing and Monitoring System – Co-Chairs:

Co-Chair, Carol Benner, led the discussion of Pros and Cons of the current Maryland Licensing and Monitoring system.

Pros:

- Starting with full regulations
- Single Point of Entry established
- Growth in number of licensed providers to increase community resources for children
- In a Market driven system, if provider not serving needs, workers would not place children in that home.
- Matching of child's needs with the resources that the home provides.
- Resource Development and Licensing Committee pulls together licensing agencies to coordinate efforts for licensing. Licensure of crisis beds, solved decision of where homes should be licensed. Good collaboration.
- Department of Health and Mental Hygiene - good job monitoring therapeutic group homes.
- Technical Assistance available between agencies.
- Overlap of staff representatives resulting in consistent discussion between Resource Development and Licensing Committee and the Interagency Rates Committee.
- Somebody in state service knows something about each home.
- Maryland spends more per child than any of the other 49 states.

Cons:

- Uneven application of standards
- Uneven monitoring
- Insufficient staff
- Standards not reflect needs of children
- Not any knowledge about the quality of providers
- May be inappropriate placement, Needs not being met!
- No sanctions
- Lack of incentives for good providers
- Match of permanency and placement, readjustment
- Criteria not used correctly
- Discrepancy in training local level placements, inappropriate and costly (fragmented single point of entry process)
- No central source to answer all questions about providers
- How do you plan for projecting need for homes, process? (Market vs. Historical data). Set targets
- Inadequate staff and staff development providers
- Lack of funding to properly support medical needs
- Not spending smartly
- Lack of Data
- To raise performance of marginal providers
- Lack of data , how many spent, lack of accountability
- Need for cross training to meet changing needs of children
- Lack of supportive services, Schools, Recreation, Clinicians, inexperienced teachers, etc. to help children
- No system for preventive resources, less restrictive
- Money, most spent on out-of-state placements

During the discussion the Task Force members formulated several solutions to the current Pros and Cons list:

Solutions:

- Accreditation
- Incentives through rate setting
- Performance based monitoring
- Incentives for underserved areas
- More monitoring, Treatment Plans, QA system, Interaction, Nutrition, School involvement after school, 24 hour care and needs.
- Performance Standards
- Training Treatment, California model
- Assessment
- Service Plan
- License administrator/certification
- Quality Assurance
- Standards for disciplining children
- Mechanism for judging quality and rates

- Need data system
- Better use of county services, community services/resources to meet needs in own community
- Funding for innovative community programs, crisis intervention, tutoring, direct services, help in schools, consumer satisfaction, exit interviews
- Determine if correct agency is licensing entities
- Medicaid Funding Needed
- Staffing ratios
- Direct Care Staff qualifications
- Monitoring staff, resources, more quality, centralizing licensing and monitoring staff

Suggestions:

- We need to start moving towards developing recommendations for the final report. Please bring ideas to the next Task Force Meeting scheduled for May 24.
- Distribute copies of the New draft of CORE regulations at the May 24 meeting.
- Research Connecticut and New Jersey regarding consolidating their waiver funding application

Final Comment:

- Senator Delores Kelley: Discuss the ramifications of Cheltenham closing. Where will these children be placed? The need for therapeutic group homes will have to be addressed.

Update on Public Hearing Logistics and Visiting a group home – Laura Brown

➤ First Public Hearing:

Date: Wednesday, May 16, 2001

Time: 6:00 to 8:00 p.m.

Location: 300 West Preston Street, State Auditorium, in Baltimore

Second Public Hearing:

Date: Thursday, June 14, 2001

Time: 6:00 to 8:00 p.m.

Location: Joint Hearing Room, Department of Legislative Services Building, in Annapolis

Visiting group homes:

- The Task Force members requested to visit three various group homes in the Baltimore area. Laura Brown, Staff to Task Force, will proceed with

coordinating and scheduling the visits.

Meeting adjourned: 12:00 p.m.

Recorder: Laura P. Brown, OCYF

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

Thursday, May 24, 2001
Senate Finance Committee Room
3 East Miller Senate Building
Approved

TASK FORCE MEMBERS

Craig Adams, DHR/SSA
Linda Bluth, MSDE
Lynell Tucker Otto, DDA
James Filipczak,
Delores Kelley, Senator
Bonnie A. Kirkland, Special Secretary, OCYF, Co-Chair
Henry Lesansky, DJJ
Bobette Watts, OID
Albert Zachik, MHA/DHMH
Veronica Giddens
Ella White-Campbell
Laurie Better, Representative for Delegate Zirkin
Barbara Cahn

GUESTS

Bill Dorrill, OHCQ
James McComb, MARFY
JoAnn Goedert, AG, OCYF

STAFF TO TASK FORCE

Laura Brown, OCYF
Jean Clarren, OCYF
Yvette Dixon, OHCQ
Roann Tsakalas, OCYF

Review and approval of minutes: Bonnie Kirkland, Special Secretary, OCYF

Minutes approved from April 27, 2001.

Interagency Rates Committee Presentation – Dr. Linda Bluth, MSDE

Linda Bluth, Maryland State Department of Education conducts Interagency Rates Committee presentation. Dr. Bluth discussed a brief overview of the IRC background (please refer to attachment). In accordance with Senate Bill 291, signed into law on May 27, 1999, the transition of the Rates Unit from the Governor's Office for Children, Youth, and Families to the Department of Education was initiated in May 1999. This law

placed the rate setting structure under the authority of the Maryland State Department of Education.

Currently, MSDE reviews approximately 256 Budgets a year, over 125 companies. A staff of three individuals review these budgets. Dr. Bluth, elaborates on the most current challenge of the Interagency Rates Committee: The rate setting for the medically fragile programs. Currently, these programs are licensed by the Department of Human Resources and they do not receive medical assistance funding.

Methodology of the IRC: The IRC methodology for assigning rates is based on provider developed budgets analyzed in a peer to peer methodology. Recently, MSDE provided a training for the providers regarding an overview of submitting budget packages. 77% of providers attended and completed the training. Currently, 39 programs have not submitted their budgets for FY 2001-2002.

Comments:

- Al Zachik, DHMH/MHA, states "Initially DHR came to the plate to assist with medically fragile children. We (DHMH) are currently reviewing the most appropriate way to move forward regarding re-licensure."
- Graig Adams, DHR, states "We are moving to address the needs of these children, the best licensing option, and how to proceed with monitoring. We (DHR) are ready to transition to either re-licensure these specific programs or pursue gaining additional medical funding."
- Senator Delores Kelley: "How do you measure performance of these programs (when reviewing budgets)?"
- Dr. Linda Bluth: "We (MSDE/IRC) do not license any of these facilities, these facilities are licensed by one of the child serving state agencies, DJJ, DHR, or DHMH. The IRC is the forum where the state agency representatives discuss the program process, etc. We (MSDE) contact each monitoring and licensing specialist for their comments and/or review regarding the submitted proposal packet."
- Senator Delores Kelley: "So, you (MSDE/IRC) just review budgets, you do not review the recreational aspects of the programs, the nutritional values of meals, participation of the program in the local PTAs, or service plans?"
- Dr. Linda Bluth: "You are correct, we only review submitted budgets and proceed to establish the most appropriate rate. Remember we have three different entities in the process of reviewing/establishing a community based programs: (Dr. Bluth proceeds to explain): Governor's Office for Children, Youth and Families/ Resource Development Unit, receives and reviews proposals for establishing group homes for children in Maryland and then OCYF/RD assigns the prospective program to the appropriate child serving agency, Maryland State Department of Education establishes the rate, then the Child placing agency licenses the facility."
- Senator Kelley, regarding the statement above: "Half of all the communities associations would be more supportive of community-based homes if the communities thought the children were receiving consistent quality of care and were provided nurturing environments. Often we do not know what services they are receiving."

- Senator Kelley: How do you track that the providers are entitled to increase rates?
- Dr. Linda Bluth, MSDE, addresses the question? We (MSDE/IRC) review previous year's budget, the provider profiles submitted for the year in question, etc. I (Dr. Bluth) will forward copies of the following items to Senator Kelley: Provider Profile, a revised budget, and a spreadsheet from last year budget.
- Henry Lesansky, DJJ, inquires about the methodology and refinement of the process?
- Linda Bluth, MSDE: The membership of the IRC includes up to two representatives (program & fiscal) from the Department of Human Resources, the Department of Juvenile Justice, the Department of Health and Mental Hygiene, the Department of Education and the Office of Children, Youth, and Families. In addition, the Department of Budget and Management has one representative on the IRC. When a budget is in the process of being reviewed, the respective representative of the IRC will comment on the program. (e.g. If the IRC is reviewing a large group licensed by DJJ, then Mary Louise Orth would review and comment on the program).
- Bonnie Kirkland, Special Secretary, What about the providers operating in the black? What happens, How much may they retain as earnings?
- Graig Adams, DHR addresses question from a Department of Human Resources stand point: " If they (providers) at the end of the year are satisfactory with current contracts, then they may retain 10% of earnings and reinvest in the services to be rendered. In addition, we conduct an independent audit to review additional improvements to the program.

Suggestions:

- Department of Health and Mental Hygiene should move to license these programs.
- Senator Delores Kelley invites Al Zachik and Graig Adams to attend the Medicaid Advisory Board Meeting.
- The IRC has proposed the possibility of issuing a rate every other year.
- We need a "fire wall" between program and fiscal issues.

Discussion outcomes from First Public Hearing – Task Force members

Roann Tsakalas, OCYF, distributed and discussed the Summary of Testimony. The Testimony presented on May 16th centered on the following issues:

- Lack of qualified staff (residential counselors in the group home)
- Lack of monitoring of the group homes from the state level
- Police responding to provide crisis intervention, drain on police and fire resources
- Impact on Local Schools
- Property values declining due to over saturation of community-based homes

Comments:

- Task Force members agreed this was an accurate summary of the testimony.

Suggestion:

- Obtain the actual figures regarding the declining property values in Baltimore County/Woodlawn area.
- Increase public awareness of the next public hearing on June 14th. Mail a public hearing flyer to county councils in every jurisdiction.

Discussion of Recommendations for Licensing and Monitoring System – Task Force Members

Roann Tsakalas, OCYF, distributed and discussed a matrix that reflected the current issues surrounding Licensing and Monitoring system.

The Matrix was divided into the following three areas (please refer to attachment):

- Current Issues
- Source
- Solutions

Solutions/Recommendations:

- Tax Equity and Fiscal Responsibility Act of 1982 – TEFRA – Lynell Otto, DDA distributed and discussed (previous requested material from the April 27th Task Force meeting) the hand out on TEFRA. Ms. Otto, proceeded to present a brief overview of the TEFRA program. TEFRA is a Medicaid eligibility option that allows states to provide Medicaid to children with disabilities, living at home, who are 18 and under, regardless of parental income. This is a means of accessing Medical Assistance funds to keep a child in his/her home. Maryland waived the option of securing the TEFRA program, however, they (MD) are currently revisiting the discussion of implementing this program. Often, with the majority of waivers, they are geared to a specific population. TEFRA is not geared to specific population. Also, TEFRA is more of a preventive measure for families and children. (Please refer to attachment).
- Monitoring: Review 01.04.04 the Composition of beds, We should include community representation (feedback); check legality and conflict of interest;
- COMAR to mandate and create advisory boards, currently the booklet that is available to the community titled “Welcome to the neighborhood” strongly encourages establishing a board of directors, this is really a best practice issues.
- Currently, MARFY conducts peer reviews among their providers.
- Monitoring should include in-state and Out-of-state facilities; mandate community involvement with options by the provider, improve quality of care outcome of input. Provider must have community input through representation on either an advisory board or the board of directors. Add to 01.04.04
- Add more quality of standards to regulations, 01.04.05
- Increase funding to local school systems for additional services.
- Moves towards a centralize licensing & monitoring in order to ensure consistency; create agency positions; What would be the benefits; Fiscal Note, how do we fund this central agency?

- Central Agency would improve over all consistency; or we could improve the consistency among current state agencies, this could occur through utilizing a common tool; a mechanism for: licensing, monitoring, and establishing rates.
- Review other options for consistency standardized standards, survey tools, # of visits
- Determine the Cost of several agencies vs. central agency
- Monitoring: Develop interagency teams for in-state monitoring (currently, DHMH have been utilizing interagency teams to monitor the medically fragile programs.
- Licensing would also be responsible for monitoring
- Implementation of Sanctions for each site
- Include in COMAR regulations that the age of staff (counselors) must be at least three years older than the oldest resident.
- Define and clarify "Community Interaction" and monitor these in the regulations; Threat to surrounding community address in COMAR 01.01.04
- Review (01.01.04) Services to be rendered by the discharging agency.

Please forward any additional comments/recommendations regarding the current Licensing and Monitoring system to Roann Tsakalas by Wednesday, June 13th.

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**TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN**

Friday, June 29 2001
Senate Finance Committee Room
3 East Miller Senate Building
Approved

TASK FORCE MEMBERS

Carol Benner, OHCQ-Co-Chair
Bonnie Kirkland, OCYF, Co-Chair
Craig Adams, DHR/SSA
Linda Bluth, MSDE
Lynell Tucker Otto, DDA
James Filipczak,
Delores Kelley, Senator
Bonnie A. Kirkland, Special Secretary, OCYF, Co-Chair
Henry Lesansky, DJJ
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Albert Zachik, MHA/DHMH
Verónica Giddens
Ella White-Campbell

GUESTS

Bill Dorrill, OHCQ
JoAnn Goedert, AG, OCYF
Jean Clarren, OCYF
Grace Turner, DHR
Bill Smith

STAFF TO TASK FORCE

Laura Brown, OCYF
Roann Tsakalas, OCYF

Review and approval of minutes: Bonnie Kirkland, Special Secretary, OCYF

Minutes approved from May 24, 2001.

Discussion of outcomes from the public Hearings – Task Force members

Laura Brown, OCYF, distributed and discussed the Summary of Testimony. The Testimony presented from the public hearings centered on the following issues (see handout from meetings):

- Lack of qualified staff, lack of experience, and training (Regarding the residential counselors that are hired to work in the group homes).
- Lack of monitoring of the group homes from the state level (e.g. unannounced site visits).
- Police responding to provide crisis intervention, drain on police and fire resources
- Impact on Local Schools in the following areas:
 - The arrival of students without appropriate educational records
 - Difficulty in acquiring educational surrogates
 - The challenge of delivering an Individual Educational Plan (IEP) requiring intensive services in a timely fashion
- Property values declining due to over saturation of community-based homes
- Community participation in Advisory Boards as a standard practice.

Comments:

- Jim Filipczak, recommended to contact the Board of Realtors for data on property values in communities with many community-based homes.

Visits to the community-based homes – Laura Brown

Laura Brown, OCYF discussed the visits to the community-based homes. Three providers were selected to give a board view of the types of providers that are available.

1. Board of Child Care – this provider represented the campus-based setting.
2. Tuttle's Place- this provider represented the small independent community-based group home.
3. NCIA (National Center on Institutions and Alternatives, Youth in Transition Program) – this provider represented the larger corporation that manages several community-based group homes.

Discussion regarding the following 2001 legislative proposals: – Task Force

1. House Bill 909, which would have required the Department of Juvenile Justice to provide a specified notification when the department intends to contract for or authorize the creation of a private group or residential facility; Private Juvenile Group Homes – Notice to Police and Schools for the purpose of requiring an applicant seeking approval to establish a private juvenile group home to provide a statement on the application that certain law enforcement agencies and certain schools have been notified of the intent to establish the

private juvenile group home; requiring that certain information be included in the statement; and generally relating to private group homes for juveniles.

Comments:

- Senator Delores Kelley: "Currently, state law that requires that principals be contacted by local Law Enforcement authorities if a child has been convicted of a felony crime (this applies to all children). So, this current law may cover bill 909 issues."
- Task Force members did not feel there was merit in this legislation.
- Current law requires that providers only notify the local school systems NOT neighbors.

Suggestions:

- Senator Delores Kelley:
 - How are we implementing this current law of contacting principals?
 - Request each superintendent (from each local school systems) to report on how many notifications have been received?
 - How many notifications involved biological children?
 - How many notifications involved children placed by a child-placing agency?
 - Obtain a copy of this current law regarding notification of local School Systems.
 - Determine if this law is currently being implemented
2. **House Bill 918**, which would have prohibited the department from placing a child in a group home or other residential facility if the child has been adjudicated delinquent for an act that would be a specified sexual offense if committed by an adult; and generally relating to juvenile justice and placement of children in group homes or residential facilities.

Comments:

- Task Force did not recommend proceeding with bill 918. Placement decisions must be based on the specific needs of the child. These children would most likely be placed out-of-state. When the child returns to Maryland under this proposed law there will not be any community resources available for this population. This in turn,

would increase the number of children placed out-of-state annually, and will increase the duration of their out-of-state placement.

Suggestions:

- Senator Delores Kelley: “ We need to review the level of sexual offenses, How are the sexual offenses categorized? How does Department of Juvenile Justice categorize the different levels? “
- 3. **House Bill 943**, which would have required the operator of a group home to make restitution for property crimes committed by a resident; Requiring that if a child commits a theft or destruction of property while under the care and supervision of nonprofit or for-profit entities operating a group home or institution the entity is responsible for paying damages and a fine.

Comments:

- Task Force response: Residential providers are responsible for promoting a safe, healthy environment. The state must ensure a secure environment through monitoring. Group Homes are not immune from lawsuits nor is the state.
 - If a child is committed to the Department of Juvenile Justice and commits a crime, What process occurs? Answer: Law enforcement authorities are contacted, the case proceeds to Juvenile Court. If Child commits destruction of a neighbor's property, What happens? Usually, the child would have to render restitution.
 - The Department of Juvenile Justice can be sued civilly as the parent/guardian of a committed child, that commits theft or destruction of property while under their care.
4. **House Bill 944**, which would have prohibited the Department of Juvenile Justice from placing a child in a group home or other residential facility if the child has been **adjudicated delinquent** for an act that would be a specified crime of **violence** if committed by an adult.

Comments:

- Juvenile Court determines placement of a child. Children are placed based upon their individual needs and community safety. Review current accountability system when placing children in the community.
- We (Task Force) would not the general assembly making placement decisions.

Discussion of the Pros and Cons of a Single State Licensing/Centralized System vs. Maryland's Current System; and Discussion of the current Administrative Costs for licensing and monitoring – Task Force Members

- Craig Adams, DHR, reviewed the handout regarding **FY 02 Budget for the Department of Human Resources, Social Services Administration, Licensing, Contracts, and Monitoring Unit (refer to handout).**

Comments:

- Question: What is the current grade of a Licensing Coordinator? Response: Craig Adams, DHR, The Licensing Coordinators start as a Grade 16, usually not any higher than grade 17. Must have a Master's degree. Begin with Master's degree; usually not any higher than grade 17.
- Question: Senator Delores Kelley: What is a typical caseload? Response: Craig Adams, DHR: A typical caseload includes approximately 60 or 70 cases per monitor (FY 02, 5 individuals to monitor; one individual has been dedicated to adoption). In addition, DHR monitors 260 licensed organizations.
- Question: Do the monitors conduct monitoring visits independently or as a team? Response: Craig Adams, DHR: Usually, conduct visits individually, however, when issues/problems arise DHR will send a team of monitors.
- Question: How many community complaints are received by DHR? Response: Craig Adams, DHR: DHR receives complaints from a variety of individuals: Principals, Mayors, and Law Enforcement officials, etc.
- Senator Delores Kelley: The majority of citizens do not know how to contact the appropriate child placing agencies, in order to report a complaint.
- Bonnie Kirkland, OCYF, clarifies that the Governor's Office for Children, Youth, and Families maintains a centralized data system for residential providers only. Therefore, there is an advantage in establishing a centralized data system.

Suggestions:

- Senator Delores Kelley suggested that the Department of Human Resources should dedicate a position for an ombudsman, in order to facilitate complaints. How does the community know how to report incidents?
- Task Force requested that each of the three child placing agencies prepare the following material (to be distribute at next scheduled Task Force meeting on July 20th):
 1. How are complaints investigated?
 2. Copy of complaint policy
 3. Number of complaints received annually
 4. How does the community contact the state in order to report incidents?
 5. What outreach is provided to the community regarding incident reporting.

Please forward any additional comments/recommendations regarding the Pros and Cons of a Single State Licensing/Centralized System vs. Maryland's Current System to Roann Tsakalas by Wednesday, July 18th.

Schedule of Next Task Force Meeting:

➤ Monday, August 20, 2001 at 10 a.m. to 12 p.m.

Meeting Adjourned at 12:30 p.m.

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

Friday, July 20, 2001
Senate Finance Committee Room
3 East Miller Senate Building
Approved

TASK FORCE MEMBERS

Carol Benner, OHCQ-Co-Chair
Bonnie Kirkland, OCYF, Co-Chair
Jane Smith, DHR/SSA
Linda Bluth, MSDE
Lynell Tucker Otto, DDA
James Filipczak,
Delores Kelley, Senator
Bobby Zirkin, Delegate
Bonnie A. Kirkland, Special Secretary, OCYF, Co-Chair
Juanita Hoyle, DJJ
Bea Rodgers, OID
Albert Zachik, MHA/DHMH
Veronica Giddens

GUESTS

Jean Clarren, OCYF
Bill Smith

STAFF TO TASK FORCE

Laura Brown, OCYF
Roann Tsakalas, OCYF

Review and approval of minutes: Bonnie Kirkland, Special Secretary, OCYF

Minutes approved from June 29, 2001.

Discussion the Administrative Costs for licensing and monitoring – DJJ and DHMH

Juanita Hoyle, DJJ, distributed and discussed the Department of Juvenile Justice, Budget Narrative (see handout from meeting).

Suggestions:

Task Force inquired about the following:

- How many DJJ Children are placed in DJJ licensed homes?

- How many DJJ Children are placed in DHR licensed homes?
- Who monitors the children in these DHR homes?
- How many full time Staff are appointed to monitor these placements?
- Copy of a DJJ Contract

Carol Benner, OHCQ, distributed and discussed the Department of Health and Mental Hygiene Administration/Office of Health Care Quality Administrative Costs (see handout from meeting).

Suggestions:

Task Force inquired about the following:

- Break down the following programs further to include children:
 - Therapeutic Group Home Programs
 - Onsite Psychiatric Rehab Programs
 - Residential Child Service Programs
 - Number of Children in Transitional Programs
- Linda Bluth, MSDE, will provide breakouts from the Interagency Rates Committee as well.

Discuss the material requested from June 29th meeting, from each of the three child placing agencies on Compliant vs. Incident Reporting – Agency Presentations, Task Force Members' & Discussion

- Linda Bluth, MSDE, distributed and discussed her findings regarding Local School Systems receiving timely information on criminal activity of students in attendance from law enforcement agencies. Law Enforcement agencies statewide continue to inform schools of criminal activity of students and they stated that there is no systemic problem in this area (see handout from meeting).
- Juanita Hoyle, DJJ, presented a brief overview of how investigations are implemented regarding the following issues: Allegations, Incidents, Grievances, and Complaints (see handout from meeting).
- Jane Smith, DHR, distributed and discussed how complaints are investigated, the number of complaints received annually, and how the community contacts the state in order to report incidents. Lynell Otto, DDA, distributed the Developmental Disabilities Administration policy on reportable incidents (see handouts from meeting).

Suggestions:

Senator Delores Kelley: Requested that MSDE contact chief's of police for each jurisdiction (specifically the larger jurisdiction) regarding how they report and/or track criminal activity to Local School System.

- Linda Bluth, MSDE, will research the reporting procedures of local police departments to the Local School Systems.
- State Agencies to provide their definitions of compliant vs. Incident. Draft a chart defining the difference between compliant vs. incidents.
- State Agencies to provide copies of their grievance's policies as well at the next schedule Task Force meeting.

Comments:

Senator Delores Kelley: " How do you (state agencies) record source of complaints? We need increased coordination among the state agencies regarding performance standards and increase the level of monitoring."

Continue Discussion regarding the Pros and Cons of a Single State Licensing/Centralized System vs. Maryland's Current System –Task Force Members

Roann Tsakalas, OCYF, discussed the outcomes from the Subgroup Meeting of the State Members held on Monday, July 16th.

- The State representatives arrived at a consensus to proceed with creating a Single Agency for licensing and monitoring.
- The State representatives agreed on the three proposed models (Status Quo, Delegated Inspections, and Single Agency, see handout from meeting). Specifically, creating a Single Licensing Authority (possibly DHMH-OHCQ).

Carol Benner, OHCQ, reviewed and discussed the three proposed models regarding licensing and monitoring becoming a Single Licensing Authority (see handout from meeting).

Comments:

- Bonnie Kirkland, OCYF and Carol Benner, OHCQ, to contact Carol Ann Baglin, MSDE, regarding her input on the rates function.

Final Recommendations for the Report:

- Senator Delores Kelley: "We (Task Force) must hone in on a very healthy fiscal note, regarding a Single Licensing Authority."
- The Single Point of Entry (housed at OCYF) would relocate to OHCQ. Creates "a one stop" where upon community advocates and providers would have a point of contact.
- Established an oversight committee to provide technical assistance for the single entity. A charge would have to be issued to implement an interagency oversight committee. The committee will: report to the Subcabinet, review monitoring reports completed by the single entity, meet monthly and have formal recording of minutes. Also, the role of the oversight committee to determine what is the difference between contract monitoring vs. licensing monitoring (communication mechanisms).
- Oversight Committee (once implemented) to review the location of rates.
- State Agencies will continue to monitor their contracts with providers.
- Provider profile becomes core of data base, easy access for the public.
- Development of a web site (legal) on licensing (e.g. duplicate Florida's procedure of placing the actual monitoring reports on the web site).
- Develop workforce standards for OHCQ staff and provider staff.
- Establishing Rates: The final report would provide language about current house rates vs. individual rates; and linking rates to sanctions and incentives. It is recommended that the rates function remain at Maryland State Department of Education (MSDE). The Task Force would like the report to request that the Oversight Committee be charged to begin a review of the rates function and its location in state government, after one year of full implementation of licensing and monitoring in OHCQ.

Schedule of Next Task Force Meeting:

- Friday, September 14, 2001 at 10 a.m.

Schedule of Next Subgroup Meeting of the State Members

- Monday, August 13, 2001 at 9:30 a.m.

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

August 20, 2001

Senate Finance Committee Room

3 East Miller Senate Building

Approved

TASK FORCE MEMBERS

Carol Benner, OHCQ-Co-Chair
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GUESTS

Jean Clarren, OCYF
Bill Smith
Nancy Slaterbeck, OCYF
JoAnn Goedert, OAG/OCYF
Bill Dorrill, DHMH/OHCQ
Lynda Meade, Catholic Charities
Shelley Tinney, MARFY
Juanita Hoyle, DJJ

STAFF TO TASK FORCE

Laura Brown, OCYF
Roann Tsakalas, OCYF
Yvette Dixon, DHMH

Review and approval of minutes: Bonnie Kirkland, Special Secretary, OCYF

- Minutes approved from July 20, 2001

Follow-Up Issues – JoAnn Goedert

JoAnn Goedert, OAG/OCYF, reviewed and discussed her findings regarding the following issues:

-
- House Bill 943, which would have required the operator of a group home to make restitution for property crimes committed by a resident (e.g. If a child commits destruction of a neighbor's property)?
- Response: The operator of a group home can be sued in a civil action.
(See hand out on legislative house bill 943).
- Amend current provisions in agencies COMAR to establish a single licensing agency.

Review Changes to CORE regulations – Nancy Slaterbeck

- Nancy Slaterbeck, OCYF, reviewed and discussed the proposed significant changes to Core licensing regulations (see handout from meeting).

Suggestions:

- Item 5, (3): Extend the five months to one year.
- Item 6: Apply this to all Providers (change language in 1st paragraph).
- Item 7:
 - (2): The licensing agency shall initiate a response to complaints about the licensee within 24 hours; This proposed change needs further discussion; narrow the scope of time; 48 – 72 hours to respond; type of complaint would dictate the amount of time for the licensing agency to respond; Discuss the variables such as: the amount of business days, triage of the complaints, added expenses, draft language that is "reasonable"; do not put requirements on the licensing agency.
 - (4) c: Evaluations of the program and services: How will the state ensure that the Providers are attending Parent conferences ?, PTA involvement? Implement such language as " inspections/Surveys".
 - Mid-License Period Report: When does that one-year start; is it really a two-year issue?
- Item 9
 - (1): Delete the second sentence starting with the word " Sanctions". Task Force suggested that Sanctions may be imposed for up to one year if the licensing agency determines that the licensee should be able to attain full compliance within the sanctions period; Define business days vs. calendar days; develop a track record of more than sixty days' Add " on-site" inspections in the language;

- Task Force members recommended that Ms. Slaterbeck review the current Assisted Living Sanctions for content (e.g. the provider has the right to appeal).
- Item 10: Include in the list (hiring practices) CSA and MHA.
- Item 11:
 - Regarding Sexual Harassment: Provide the Residential Providers with a copy of the State Sexual Harassment code of conduct; The Federal law (title 19) provides a statement that would be sufficient, forward to providers.
 - Juanita Hoyle, DJJ, to forward a copy of the Department of Juvenile Justice Code of Conduct to Ms. Slaterbeck to review.
- Item 12:
 - Employee Training (1) Add "that each group home provide (x) amount of training at each site". Specifically, add this language to item (f) through (j); spell out specific amount of time for training.
 - Define Site Manager
- The Task Force members to review the remaining proposed changes to the CORE regulations and forward any comments, corrections, and/or questions to Ms. Slaterbeck by Monday, August 27, 2001.
- Clarification: Specific changes to the CORE regulations will have an impact on the fiscal note; increase rates.
- Senator Delores Kelley: Regarding the Final Draft Outline/Preamble (include such language as) "½ of these children will end-up in the Adult system. So, in other words, in the long-run, it will cost the State of Maryland more; increasing the rates is necessary now."
- The Task Force may schedule additional meeting to review the Task Force comments regarding the CORE regulations, before the next scheduled Task Force meeting.

Discussed the material requested from July 20th meeting, from each of the three child placing agencies – Agency Presentations

- Henry Lesansky, DJJ, distributed and reviewed the Census Report of Youth in Group Homes Licensed by the Department of Juvenile Justice, Census Report of Youth in Group Home NOT licensed by the Department of Juvenile Justice and the DJJ policy regarding Emergency and Critical Incident Reporting

(Number and types of grievances for all providers – FY 2001 & number and types of emergency incidents for Community-based providers, see handout).

- Linda Bluth, MSDE, distributed two reports (see handout) :
 - The Preliminary Reporting of Criminal Activity Information to the Local School Systems.
 - The assigned rates for FY 2002 sorted by Program
 - (see Access chart).
- Jane Smith, DHR, distributed and reviewed DHR's Departmental resources for licensing and monitoring residential group homes for children and the number of inspections surveys conducted, FY 2001 (see handout).
- Carol Benner, DHMH, reported on the Departmental Resources for Licensing and Monitoring Residential Group Homes for Children and the Number of Inspections/Surveys Conducted FY 2001 and the characteristics of Complaints Alleged Against Children's Group Homes, FY 2001 (see chart).

Suggestions:

- Regarding the chart (to be completed by the three child placing agencies) add sanctions that were implemented regarding complaints, what type of sanction, and duration of the sanctions. Complete the chart for the next scheduled Task Force meeting on Friday 14th.
- Task Force members (State representatives) to review MSDEs access chart regarding assigned rates for providers for FY 2002 for accuracy
- Task Force requested the following Rate Category Abbreviations be deleted from the report (see attachment to the access chart).
 1. Education
 2. Independent Living
 3. Treatment Foster Care
 4. Treatment Foster Care – Medically Fragile
- The Task Force was not charged to review the above listed programs (see executive order).
- Linda Bluth, MSDE, to provide a revised report regarding assigned rates for FY 2002 with the following categories:
 1. Alternative Living Unit
 2. Group Home – Large

3. Group Home – Small
4. Medically Fragile Program
5. Miscellaneous
6. High Intensity Respite
7. Shelter
8. Therapeutic Group Home
9. Teen Mother Program

- Nancy Slaterbeck, OCYF, to follow-up with a revised provider report as well.
- Jane Smith, DHR, to follow-up with clarification regarding the actual number of DHR licensed group homes (private adoptions should NOT be included in the figure of (278) that DHR presented on August 20th.
- Henry Lesansky, DJJ, and Jane Smith, DHR, to complete the chart regarding departmental resources for licensing and monitoring residential group homes for children and the number of inspections/surveys conducted in FY 2001.
- Task Force requested each of the Three child placing agencies to provide an example of reports/inspections/audits (copy of their respective monitoring tool) from completed site visits (monitoring visits).
- Roann Tsakalas, OCYF and Laura Brown, OCYF, to provide a copy of the updated chart in order for the State agencies to completed for the next scheduled Task Force meeting.
- Forward Comments and/or questions regarding the final draft outline to Laura Brown, OCYF, by Friday, August 24th.

Comments from Co-Chairs:

- Task Force members are responsible for submitting requested material by the requested due date. Also, the Task Force members must present accurate and clear facts regarding the placement of their children (e.g. DJJ group homes that have DHR clients placed there) as well as the correct number of licensed providers. The final report to the Governor must present a clear picture of the current licensing and monitoring system in Maryland.

Next Scheduled Subgroup Meeting of the State Members:

- Tuesday, August 28, 2001 at 10 a.m. to 12:00 p.m.

Next Scheduled Task Force Meeting:

- Friday, September 14, 2001 at 9:30 a.m. to 12:30 p.m.

TASK FORCE TO STUDY THE LICENSING AND MONITORING OF
COMMUNITY-BASED HOMES FOR CHILDREN

Friday, September 14, 2001

Senate Finance Committee Room

3 East Miller Senate Building

TASK FORCE MEMBERS

Carol Benner, OHCQ-Co-Chair
Bonnie Kirkland, OCYF, Co-Chair
Linda Mouzon, DHR/SSA
Linda Bluth, MSDE
Lynell Tucker Otto, DDA
James Filipczak,
Delores Kelley, Senator
Bea Rodgers, OID
Albert Zachik, MHA/DHMH
Veronica Giddens
Anne Davis
Barbara Cahn
Barry Schleifer

GUESTS

Shelley Tinney, MARFY

STAFF TO TASK FORCE

Laura Brown, OCYF
Roann Tsakalas, OCYF
Yvette Dixon, DHMH

Review and approval of minutes: Bonnie Kirkland, Special Secretary, OCYF

- Minutes approved from August 20, 2001 meeting

The Task Force discussed the material requested from August 20th meeting on the following :

Changes to COMAR regulations

- Roann Tsaklalas, OCYF, announced that the COMAR regulations are currently being reviewed by legal counsel for the three licensing agencies. After their review, a second draft will be submitted to the Task Force members for their comments.
- Completed Chart: Task Force members reviewed and discussed the data presented in the chart (see handout). The following categories were discussed:

- Number of licensed Group Homes for Children
- Number of Children Served
- Agency Resources Available for Oversight of Homes FY 01
- Number Sanctions Imposed as a Result of Annual Surveys/Inspections, by Sanction Type, FY 01
- Characteristics of Complaints about Children's Group Homes, FY 01
- Number of Sanctions Imposed as a Result of Complaint Investigations, by Sanctions Type FY 01

Suggestion:

The Task Force members recommended to include the chart in the Appendix of the final report.

Discussed draft Report to the Governor – Task Force Members

The Task Force members discussed, reviewed and recommended additional changes and/or corrections to the draft report (see handout). The report was approved unanimously.

Closing Remarks:

- Forward latest revision of the report to Task Force members for final comments and/or corrections.
- Forward requested materials (for inclusion in the final report) to Roann Tsakalas and/or Laura Brown, OCYF, by Monday, September 24, 2001.

APPENDIX: D

RESPONSE TO SENATOR JOSEPH F. VALLARIO, JR.'S PROPOSED LEGISLATION



State of Maryland ♦ Executive Department
GOVERNOR'S OFFICE FOR CHILDREN, YOUTH, AND FAMILIES

PARRIS N. GLENDENING
Governor

KATHLEEN KENNEDY TOWNSEND
Lieutenant Governor

BONNIE A. KIRKLAND, Special Secretary
Children, Youth, and Families

October 10, 2001

The Honorable Joseph F. Vallario, Jr.
Chairman, House Judiciary Committee
121 Lowe House Office Building
Annapolis, MD 21401-1991

RE: May 16, 2001 Letter to the Task Force to Study the Licensing & Monitoring of Community-Based Homes for Children

Dear Chairman Joseph F. Vallario:

On behalf of the Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children, this is in response to your May 16, 2001 letter to us. The Task Force reviewed the following legislative proposals and provides the following recommendations and comments:

1. House Bill 909:

- Current State law requires that local law enforcement authorities contact principals if a child has been convicted of a felony. Because this law addresses the issues presented in HB 909, Task Force members did not feel there was merit in pursuing additional notice requirements through statute.

2. House Bill 918:

- The Task Force members do not support enactment of HB 918. Children who have committed sexual offenses are most often placed out-of-state. HB 918 would further decrease the community resources and transition services available when the child returns to Maryland. This in turn, would increase the number of children placed out-of-state annually, and will increase the duration of their out-of-state placement. Placement decisions must be based on the specific needs of the child.

3. House Bill 943:

- Residential providers are already responsible for promoting a safe, healthy environment. The State must ensure a secure environment through monitoring. Group homes are not immune from lawsuits nor is the State; therefore, legal remedies are already available to community members who believe that a group home bears some responsibility for an injury caused by its residents.

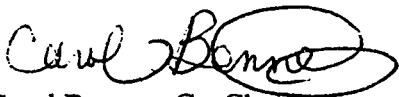
The Honorable Joseph F. Vallario, Jr.

4. House Bill 944:

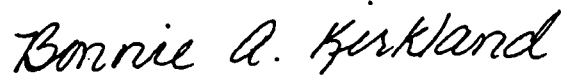
- The Juvenile Court determines placement of a child, based upon their individual needs and community safety. The Task Force members do not support the General Assembly pre-empting the Department's and the courts' authority and expertise in making individual child placement decisions through a blanket prohibition as in HB 944.

Thank you for including the Task Force in the review of the above House Bills. If you have any further questions or concerns, please feel free to contact Bonnie Kirkland at 410-767-6211. Staff will forward to you a copy of the Task Force's report to Governor Glendening upon its completion.

Sincerely,



Carol Benner, Co-Chair
Director, Office of Health Care Quality
Department of Health and Mental Hygiene



Bonnie A. Kirkland, Esq., Co-Chair
Special Secretary
Governor's Office for Children, Youth,
and Families

JOSEPH P. AYALLO
Legislative District 27A
Chairman
Judiciary Committee

Member
Legislative Policy Committee
on Rules and Executive Nominations



Annapolis, Maryland 21401-1991
301-858-3488 • 410-841-3488

District Office
5210 Auth Road, Sixth Floor
Suitland, Maryland 21074-4100
301-423-8100

THE MARYLAND HOUSE OF DELEGATES

ANNAPOLIS, MARYLAND 21401-1991

RECEIVED MAY 24 2001

May 16, 2001

Bonnie A. Kirkland, Esq.
Special Secretary for Children, Youth & Families
Co-Chair, Task Force to Study the Licensing &
Monitoring of Community-Based Homes for Children
301 W. Preston Street
15th Floor
Baltimore, MD 21201

Carol Benner, Director
Office of Health Care Quality
Co-Chair, Task Force to Study the Licensing &
Monitoring of Community-Based Homes for Children
55 Wade Avenue
Bland Bryant Building
Catonsville, MD 21228

RE: Task Force to Study the Licensing & Monitoring of Community-Based Homes for Children

Dear Secretary Kirkland and Ms. Benner:

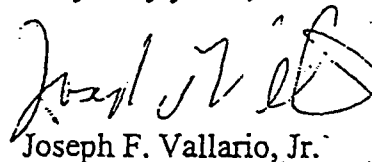
This past session, the House Judiciary Committee considered several legislative proposals related to juvenile group homes. The bills were prompted by an incident that occurred during December 2000 in which two teenage residents at Crossroads House, a therapeutic group home that accepts children referred by several agencies including the Department of Juvenile Justice, allegedly committed several nighttime property crimes over a ten-day period.

The Judiciary Committee ultimately gave an unfavorable report to each of the legislative proposals because it was felt that the Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children, which is specifically charged with examining issues regarding community-based homes for children such as group homes, should examine these proposals as part of its ongoing study and make any appropriate recommendations to the legislature.

Enclosed please find a copy of: (1) House Bill 909, which would have required the Department of Juvenile Justice to provide a specified notification when the department intends to contract for or authorize the creation of a private group home or residential facility; (2) House Bill 918, which would have prohibited the department from placing a child in a group home or other residential facility if the child has been adjudicated delinquent for an act that would be a specified sexual offense if committed by an adult; (3) House Bill 943, which would have required the operator of a group home to make restitution for property crimes committed by a resident; and (4) House Bill 944, which would have prohibited the department from placing a child in a group home if the child has been adjudicated delinquent for an act that would be a crime of violence if committed by an adult.

On behalf of the Judiciary Committee, I would kindly ask the Task Force to consider these four legislative proposals as part of its examination of community-based homes for children and make any necessary recommendations to the legislature before the 2002 legislative session. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Joseph F. Vallario, Jr.

JFVjr/ms

Enclosures

cc: Hon. Robert A. Zirkin
Hon. Jean Cryor
Hon. Kumar Barve

By: Delegates Cryor, Barkley, Barve, La Vay, and Kagan
Introduced and read first time: February 9, 2001
Assigned to: Judiciary

A BILL ENTITLED

1 AN ACT concerning

2 **Private Juvenile Group Homes - Notice to Police and Schools**

3 FOR the purpose of requiring an applicant seeking approval to establish a private
4 juvenile group home to provide a statement on the application that certain law
5 enforcement agencies and certain schools have been notified of the intent to
6 establish the private juvenile group home; requiring that certain information be
7 included in the statement; and generally relating to private group homes for
8 juveniles.

9 BY repealing and reenacting, with amendments,
10 Article 83C - Juvenile Justice
11 Section 2-120
12 Annotated Code of Maryland
13 (1998 Replacement Volume and 2000 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
15 MARYLAND, That the Laws of Maryland read as follows:

16 **Article 83C - Juvenile Justice**

17 2-120.

18 (a) The Department shall provide for care, diagnosis, training, education, and
19 rehabilitation of children by placing them in group homes and institutions that are
20 operated by any nonprofit or for-profit entity.

21 (b) (1) The Department shall reimburse these entities for the cost of these
22 services at appropriate monthly rates that the Department determines, as provided in
23 the State budget.

24 (2) The reimbursement rate may differ between homes and institutions
25 that provide intermediate services, as defined by the Department, and homes and
26 institutions that provide full services.

27 (c) The Department may not place a child in a group home or other residential
28 facility that is not operating in compliance with applicable State licensing laws.

(D) (1) BEFORE THE DEPARTMENT MAY CONTRACT FOR, OR AUTHORIZE THE CREATION OF, A PRIVATE GROUP HOME OR RESIDENTIAL FACILITY, THE DEPARTMENT SHALL SEND, BY CERTIFIED MAIL, NOTIFICATION OF THE DEPARTMENT'S INTENT TO ESTABLISH A FACILITY TO:

(I) THE HEAD OF THE LAW ENFORCEMENT AGENCY WITH PRIMARY JURISDICTION OVER THE POLITICAL SUBDIVISION IN WHICH THE FACILITY IS LOCATED; AND

(II) THE PRINCIPAL OF THE SCHOOL IN WHICH A RESIDENT OF THE GROUP HOME WILL ATTEND.

(2) THE NOTIFICATION SHALL INCLUDE:

(I) THE NAME AND ADDRESS OF THE OPERATOR OF THE FACILITY;

(II) THE STREET ADDRESS OF THE PROPERTY WHERE THE GROUP HOME IS TO BE LOCATED OR, IF NO ADDRESS, A DESCRIPTION WHICH IDENTIFIES THE PROPERTY;

(III) IF THE OPERATOR DOES NOT OWN THE PROPERTY, THE NAME OF THE OWNER;

(IV) A STATEMENT THAT THE OPERATOR WILL COMPLY WITH THE LAWS AND REGULATIONS THAT RELATE TO ESTABLISHING AND OPERATING A PRIVATE GROUP HOME OR RESIDENTIAL FACILITY; AND

(V) A STATEMENT THAT THE OPERATOR HAS SUFFICIENT RESOURCES TO ESTABLISH A PRIVATE GROUP HOME OR RESIDENTIAL FACILITY OR THAT THOSE RESOURCES ARE AVAILABLE TO THE APPLICANT.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2001.

by: Delegates Barve, Barkley, Carlson, Cryor, La Vay, Shriver, and Stern
Introduced and read first time: February 9, 2001
Assigned to: Judiciary

A BILL ENTITLED

1 AN ACT concerning

2 **Juvenile Justice - Group Homes and Residential Facilities - Sexual Offenses**

3 FOR the purpose of prohibiting the Department of Juvenile Justice from placing a
4 child in a group home or other residential facility if the child has been
5 adjudicated delinquent for an act that would be a certain sexual offense if
6 committed by an adult; and generally relating to juvenile justice and placement
7 of children in group homes or residential facilities.

8 BY repealing and reenacting, with amendments,
9 Article 83C - Juvenile Justice
10 Section 2-120
11 Annotated Code of Maryland
12 (1998 Replacement Volume and 2000 Supplement)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
14 MARYLAND, That the Laws of Maryland read as follows:

15 **Article 83C - Juvenile Justice**

16 2-120.

17 (a) [The] EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, THE
18 Department shall provide for care, diagnosis, training, education, and rehabilitation
19 of children by placing them in group homes and institutions that are operated by any
20 nonprofit or for-profit entity.

21 (b) (1) The Department shall reimburse these entities for the cost of these
22 services at appropriate monthly rates that the Department determines, as provided in
23 the State budget.

24 (2) The reimbursement rate may differ between homes and institutions
25 that provide intermediate services, as defined by the Department, and homes and
26 institutions that provide full services.

27 (c) The Department may not place a child in a group home or other residential
28 facility that is not operating in compliance with applicable State licensing laws.

1 (D) THE DEPARTMENT MAY NOT PLACE A CHILD IN A GROUP HOME OR OTHER
2 RESIDENTIAL FACILITY IF THE CHILD HAS BEEN ADJUDICATED DELINQUENT FOR AN
3 ACT THAT WOULD BE A VIOLATION OF ARTICLE 27, § 462, § 463, § 464, § 464A, § 464B, §
4 464C, OR § 464F OF THE CODE IF COMMITTED BY AN ADULT.

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
6 October 1, 2001.

By: Delegates Barve, Barkley, Carlson, Cryor, La Vay, Shriver, and Stern
Introduced and read first time: February 9, 2001
Assigned to: Judiciary

A BILL ENTITLED

1 AN ACT concerning

2 Juvenile Justice - Group Homes and Institutions - Operators

3 FOR the purpose of requiring that if a child commits a theft or destruction of property
4 while under the care and supervision of certain entities operating a group home
5 or institution the entity is responsible for paying certain damages and a certain
6 fine; requiring the Department to remove children that are placed in a group
7 home or institution and prohibiting them from placing more children in the
8 group home or institution if a child commits a certain violent act while under the
9 care and supervision of the entity operating the group home or institution; and
10 generally relating to the operators of juvenile group homes and institutions.

11 BY repealing and reenacting, with amendments,
12 Article 83C - Juvenile Justice
13 Section 2-120
14 Annotated Code of Maryland
15 (1998 Replacement Volume and 2000 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
17 MARYLAND, That the Laws of Maryland read as follows:

18 Article 83C - Juvenile Justice

19 2-120.

20 (a) The Department shall provide for care, diagnosis, training, education, and
21 rehabilitation of children by placing them in group homes and institutions that are
22 operated by any nonprofit or for-profit entity.

23 (b) (1) The Department shall reimburse these entities for the cost of these
24 services at appropriate monthly rates that the Department determines, as provided in
25 the State budget.

26 (2) The reimbursement rate may differ between homes and institutions
27 that provide intermediate services, as defined by the Department, and homes and
28 institutions that provide full services.

(c) The Department may not place a child in a group home or other residential facility that is not operating in compliance with applicable State licensing laws.

(D) (1) IF A CHILD PLACED IN A GROUP HOME OR INSTITUTION UNDER SUBSECTION (A) OF THIS SECTION COMMITS A THEFT OR DESTROYS PROPERTY WHILE UNDER THE CARE AND SUPERVISION OF THE NONPROFIT OR FOR-PROFIT ENTITY OPERATING THE GROUP HOME OR INSTITUTION, THE OPERATOR SHALL:

(I) PAY TO THE OWNER THE VALUE OF THE PROPERTY TAKEN OR DESTROYED; AND

(II) BE FINED AN AMOUNT EQUAL TO THE VALUE OF THE PROPERTY TAKEN OR DESTROYED.

(2) IF A CHILD PLACED IN A GROUP HOME OR INSTITUTION UNDER SUBSECTION (A) OF THIS SECTION COMMITS AN ACT THAT WOULD BE A CRIME OF VIOLENCE IF COMMITTED BY AN ADULT WHILE UNDER THE CARE AND SUPERVISION OF THE NONPROFIT OR FOR-PROFIT ENTITY OPERATING THE GROUP HOME OR INSTITUTION, THE DEPARTMENT:

(I) SHALL REMOVE ALL CHILDREN PLACED IN THE GROUP HOME OR INSTITUTION; AND

(II) MAY NOT PLACE A CHILD IN THE GROUP HOME OR INSTITUTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2001.*

HOUSE BILL 944

Unofficial Copy
E3

2001 Regular Session
11r2459

Delegates Barve, Barkley, Carlson, Cryor, La Vay, Shriver, and Stern
Introduced and read first time: February 9, 2001
Assigned to: Judiciary

A BILL ENTITLED

1 AN ACT concerning

2 Juvenile Justice - Group Homes and Residential Facilities - Crimes of
3 Violence

4 FOR the purpose of prohibiting the Department of Juvenile Justice from placing a
5 child in a group home or other residential facility if the child has been
6 adjudicated delinquent for an act that would be a certain crime of violence if
7 committed by an adult; and generally relating to juvenile justice and placement
8 of children in group homes or residential facilities.

9 BY repealing and reenacting, with amendments,
10 Article 83C - Juvenile Justice
11 Section 2-120
12 Annotated Code of Maryland
13 (1998 Replacement Volume and 2000 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
15 MARYLAND, That the Laws of Maryland read as follows:

Article 83C - Juvenile Justice

7 2-120.

3 (a) [The] EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, THE
7 Department shall provide for care, diagnosis, training, education, and rehabilitation
1 of children by placing them in group homes and institutions that are operated by any
nonprofit or for-profit entity.

(b) (1) The Department shall reimburse these entities for the cost of these
services at appropriate monthly rates that the Department determines, as provided in
the State budget.

(2) The reimbursement rate may differ between homes and institutions
that provide intermediate services, as defined by the Department, and homes and
institutions that provide full services.

1 (c) The Department may not place a child in a group home or other residential
2 facility that is not operating in compliance with applicable State licensing laws.

3 (D) THE DEPARTMENT MAY NOT PLACE A CHILD IN A GROUP HOME OR OTHER
4 RESIDENTIAL FACILITY IF THE CHILD HAS BEEN ADJUDICATED DELINQUENT FOR AN
ACT THAT WOULD BE A CRIME OF VIOLENCE, AS DEFINED IN ARTICLE 27, § 643B OF
J THE CODE, IF COMMITTED BY AN ADULT.

7 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
8 October 1, 2001.

APPENDIX E:

INTERAGENCY RATES
COMMITTEE

Interagency Rates Committee

Rate Setting Methodology - Fiscal Year 2002

June 2001

Rate Categories

1. A new or existing program that received a rate during FY 2001:

- A new or existing program that was issued a rate for the balance of FY 2001 and all of FY 2002. The rate issued in FY 2001 will be effective through the end of FY 2002.

2. Program that requested a rate increase equal to or less than the Consumer Price Index CPI:

- A program that requested a rate increase, over the approved FY 2001 rate, that was equal to or less than the CPI-U for Calendar Year 2000 (3.4%) was issued the requested rate. The increase was not granted for a non-preferred provider, a program that did not file a FY 2002 budget or that had calculated the FY 2002 budget at less than 90% occupancy.

3. Non-preferred provider:

- The referenced program is a non-preferred provider in comparison to programs of the same type. The calculation methodology for preferred vs. nonpreferred status is the same as previous years. A nonpreferred provider was held at the approved FY 2001 rate.

4. Program that requested a rate based on an occupancy of less than 90%:

- A program that did not calculate its budget at 90% occupancy or higher, or that calculated the budget based on a projected census lower than the actual FY 2001 census. The program is held at the approved FY 2001 rate. The program may resubmit a budget calculated at 90% or higher occupancy.

5. Program required to make changes or modifications as directed by a licensing agency or a program that has had proposed changes approved by a licensing agency:

- A. A program required to make staffing changes or physical plant modifications to correct deficiencies noted by the program's licensing agency or to maintain licensed status. The program received a rate adjustment to cover the required changes.
- B. A program that has requested staffing changes that have been approved by the program's licensing agency.

6. Program with a reduction in donations or contributions:

- A program that had a reduction in donations or contributions was assigned a rate to replace the lost donations or contributions. A program may have received a smaller increase if that was requested in the budget submission.

7. Preferred provider not in another category:

- A program that is a preferred provider and is not in one of the other categories received a rate as follows:
 - A. If a program's FY 2002 request is at or below the mean proposed FY 2002 rate for the program type category, the FY 2002 request was approved in full.
 - B. If a program's FY 2002 request is above the mean proposed FY 2002 rate for the program type category, the FY 2002 rate is set at the program's approved FY 2001 rate plus 3.4% (CPI for 2000).

8. A program held to the FY 2001 rate for other reasons:

- A program may be held to the FY 2001 rate for the following reasons:

A program that is under a corrective action order. The program budget will be re-reviewed when the licensing agency has approved the program's corrective action plan.

A program that filed for a budget for a modified program, including a budget based on a greater number of beds than currently licensed. The FY 2001 rate is assigned pending completion of the proposed modification.

A program that filed an incomplete budget and did not respond adequately to staff questions for clarification.

A program in the process of being closed.

9. A program that will receive no rate:

- A program will not receive a rate for the following reasons:

A program that does not have a valid license to operate.

A program that failed to file a budget for the fiscal year under review.

**Average Increase in Rates for Child Residential Programs Issued by the IRC
FY 2000 - FY 2002**

Fiscal Year	# of Programs Receiving a Rate on 7/1	Average Rate Issued 7/1	Average Rate % Change from Previous FY
2000	231	\$46,662	
2001	223	\$49,289	5.6%
2002	238	\$52,329	6.2%

Source:

FY 2000 - "Rates" - Quattro spreadsheet from OCYF (June 1999)

FY 2001 - "FY 2001 IRC Rates Master 7-1-00"

FY 2002 - "Budget FY 2002 - Summary v1.3 Frozen 6-28-01"

The table shows the number of programs receiving a rate at the start of the fiscal year (July 1), the average rate issued at the start of the fiscal year, and the percent change (increase) in the average rate from the previous fiscal year.

Although the total number of programs receiving a rate has remained relatively steady during the period, there is a constant influx of new programs and other programs dropping out.

The table begins with FY 2000, the last year OCYF managed the rate process for the IRC. Note that in FY 2000, most programs were subject to an across the board rate cut of 3.9% from the final negotiated rate. Across the board cuts were not applied in FYs 2001 and 2002.

Average increases exceeded the consumer price index as programs were allowed to increase budgets to cover inflationary pressures not allowed in previous years, improve salaries for direct child care workers, and recoup lost revenues resulting from reductions in charitable donations and contributions. The rate methodology caps high cost programs and programs that request rate increases exceeding those of peer programs.

APPENDIX F:

**OUT-OF-COUNTY CHILD
PLACEMENTS:**

**RECEIVING/SENDING
COUNTY SUMMARIES FOR
FISCAL YEAR 2001**

**Maryland State Department of Education
Out-of-County Living Arrangements Program
Receiving County Summary - Fiscal Year 2001**

Receiving Co.	Number of Placements	Full Time Equivalent	County Share	State Share	Total Share
Allegany	15.00	17.00	38,743.00	153.00	38,896.00
Anne Arundel	127.00	161.50	404,638.50	312,583.00	717,221.50
Baltimore	1,100.00	1,666.50	3,848,544.00	3,929,011.50	7,777,555.50
Calvert	15.00	25.00	79,174.00	18,401.00	97,575.00
Caroline	14.00	20.00	41,420.00	-	41,420.00
Carroll	29.00	48.50	129,748.50	42,038.50	171,787.00
Cecil	4.00	12.00	37,188.00	-	37,188.00
Charles	8.00	10.00	27,476.00	8,204.00	35,680.00
Dorchester	20.00	28.00	76,660.00	5,268.00	81,928.00
Frederick	17.00	25.00	74,775.00	15,950.00	90,725.00
Garrett	15.00	29.00	71,507.00	10,099.00	81,606.00
Harford	98.00	149.00	342,876.50	136,605.50	479,482.00
Howard	53.00	92.50	242,393.50	248,596.50	490,990.00
Kent	6.00	6.00	17,558.00	8,602.00	26,160.00
Montgomery	55.00	81.00	251,057.00	318,778.00	569,835.00
Prince George's	25.00	39.00	100,728.00	35,772.00	136,500.00
Queen Anne's	12.00	18.00	65,249.00	9,487.00	74,736.00
St. Mary's	8.00	10.00	30,942.00	2,398.00	33,340.00
Somerset	1.00	1.00	2,858.00	-	2,858.00
Talbot	20.00	26.00	80,482.00	48,920.00	129,402.00
Washington	48.00	55.50	167,981.50	11,117.00	179,098.50
Wicomico	45.00	77.00	201,023.00	9,418.00	210,441.00
Worcester	1.00	1.00	2,858.00	2,912.00	5,770.00
Baltimore City	24.00	54.00	115,290.00	-	115,290.00
Total State	1,760.00	2,652.50	6,451,170.50	5,174,314.00	11,625,484.50

**Maryland State Department of Education
Out-of-County Living Arrangements Program
Sending County Summary - Fiscal Year 2001**

Sending Co.	Number of Placements	Full Time Equivalent	County Share	State Share	Total Share
Allegany	7.00	9.00	20,592.00	8,127.00	28,719.00
Anne Arundel	33.00	64.75	251,726.75	15,601.50	267,328.25
Baltimore	68.00	112.00	353,674.00	11,011.00	364,685.00
Calvert	3.00	3.00	10,357.00	538.00	10,895.00
Caroline	12.00	14.00	28,994.00	22,360.00	51,354.00
Carroll	9.00	13.00	40,178.00	6,750.00	46,928.00
Cecil	14.00	34.00	97,297.00	30,141.00	127,438.00
Charles	11.00	17.00	58,502.00	7,802.00	66,304.00
Dorchester	6.00	8.00	23,215.00	14,357.00	37,572.00
Frederick	34.00	48.50	164,549.50	40,904.00	205,453.50
Garrett	2.00	2.00	4,576.00	-	4,576.00
Harford	23.50	37.50	117,069.00	44,279.50	161,348.50
Howard	18.00	30.00	127,860.00	-	127,860.00
Kent	1.00	1.00	4,360.00	2,675.00	7,035.00
Montgomery	23.00	33.00	117,806.00	-	117,806.00
Prince George's	54.00	90.00	304,354.00	137,339.50	441,693.50
Queen Anne's	4.00	10.00	24,682.00	-	24,682.00
St. Mary's	11.00	15.00	50,010.00	14,528.00	64,538.00
Somerset	13.00	15.00	41,583.00	29,188.00	70,771.00
Talbot	20.00	31.50	100,876.50	2,058.00	102,934.50
Washington	32.00	56.00	163,592.00	54,763.00	218,355.00
Wicomico	34.00	40.00	108,658.00	43,938.00	152,596.00
Worcester	16.00	22.00	81,543.00	2,530.00	84,073.00
Baltimore City	1,311.50	1,946.25	4,155,115.75	4,685,423.50	8,840,539.25
Total State	1,760.00	2,652.50	6,451,170.50	5,174,314.00	11,625,484.50

APPENDIX G:

MEETING HANDOUTS

- Number of Licensed Group Homes for Children, Number of Children Served, and Agency Resources available for Oversight of Homes, FY 01
- Single State Licensing /Centralized System
- Discussion of Maryland's Current Licensing and Monitoring System
- Preliminary Reporting – Criminal Activity Information
- Complaint Investigations: DHR
- Complaint Investigations: DJJ
- 2000 Poverty Guidelines Provided by the U.S. Department of Health and Human Services
- Council on Accreditation for Children and Family Services: Recognition Report
- Best Practices Presentation – Licensing and Monitoring
- Tax Equity and Fiscal Responsibility Act of 1982
- Work Plan for the Task Force to Study the Licensing and Monitoring of Community Based Homes for Children
- Testimony presented by Linda Mouzon regarding Social Services Administration's (DHR) Role in the Interstate Compact for the Placement of Children
- Top Nine Questions About School Enrollment
- Task Force to Study the Licensing and Monitoring of Community Based Homes for Children Public Hearing Notice

Number of Licensed Group Homes for Children, Number of Children Served, and Agency Resources Available for Oversight of Homes, FY '01				
	Department of Health & Mental Hygiene		Department of Juvenile Justice	Department of Human Resources
	Developmental Disabilities Admin.	Mental Hygiene Administration		
Number of Group Homes Licensed by the Agency	92	21	18	187
Number of Children Served in Agency-Licensed Homes	281	147	229 (average daily population)	1936
Number of Children Served in Homes Licensed by Other Agencies	0	0	66 (average daily population)	0
Is Staff dedicated to Survey/Monitor/Inspect Group Homes for Children (Y/N)	N	N	Y	Y
Approx. FTE Dedicated to Survey/Monitor/Inspect Group Homes for Children	1	1	8	5
FY'01 Budget for Licensing & Monitoring Children's Group Homes	50,000	50,000	\$320,000	\$250,000
Number of On-site Surveys/Inspections/Monitoring Visits conducted at sites, FY'01 Actual	15	15	234	450 (included 374 scheduled visits).

Number of Sanctions Imposed as a Result of Annual Surveys/Inspections, by Sanction Type, FY '01				
	Department of Health & Mental Hygiene		Department of Juvenile Justice	Department of Human Resources
	Developmental Disabilities Admin.	Mental Hygiene Administration	<u>The data for the Annual Inspections have been included in chart below ↓</u>	
Fine	0	0		0
Operating Restriction	0	0		11
License Revocation	0	0		0
Contract Denial	0	0		10
Settlement Agreement Due to Poor Performance	0	0		0

Characteristics of Complaints about Children's Group Homes, FY '01				
	Department of Health & Mental Hygiene		Department of Juvenile Justice	Department of Human Resources
	Developmental Disabilities Admin.	Mental Hygiene Administration		
Total Number of Complaints Received	4	2	1457	98
Number of Complaints Received From Family/Community/Consumers	4	2	Not available	95
Number of On-site Investigations	1	2	470 (est.)	25
Number of Self-reported Incidents by the Group Home	298	0	Not available	511
Number of On-site Investigations	59	0	Not available	53
Number of Grievances (if Applicable)	0	0	10	0
Number of On-site Investigations	0	0	None required	0
Number of Complaints Involving a Law Enforcement Agency	1	0	503	3

Number of Sanctions Imposed as a Result of Complaint Investigations, by Sanction Type, FY '01				
	Department of Health & Mental Hygiene		Department of Juvenile Justice	Department of Human Resources
	Developmental Disabilities Admin.	Mental Hygiene Administration	Includes the Annual data as well.	
Type of Sanction				
Fine	0	0	0	0
Operating Restriction	0	0	7	0
License Revocation	1	0	2	3
Contract Denial	0	0	3	0
Settlement Agreement Due to Poor Performance	0	0	0	0

CHANGES NECESSARY TO IMPROVE SYSTEM REGARDLESS OF STRUCTURE (CURRENT SYSTEM OR CENTRALIZED SYSTEM)

- Improved standards
- Update current COMAR regulations with higher quality standards
- Common monitoring tool used by all agencies with performance based standards.
- Establish a standard number of announced and unannounced site visits.
- Implementation of sanctions for providers.
- Certify administrators
- More stringent monitoring of case plans
- Incentives through rate setting, and to encourage providers to go to undeserved areas.
- Provide training for placement workers to improve their skills in order to match children with appropriate homes
- Consumer satisfaction measures

CURRENT SYSTEM

- Initially, potential providers must attend a Single Point of Entry Meeting (provided on a monthly basis by the Governor's Office for Children, Youth, and Families), where upon, they obtain the required materials needed to submit a proposal. From this point, the potential providers must submit their proposal to the OCYF for review. Proposals that are accepted are forwarded to the appropriate licensing agency (DHMH, DJJ, and DHR). Finally, licensing, monitoring, and renewing of licenses are conducted by the assigned licensing agency.
- All work is coordinated through interagency committees-Resource Development and Licensing Committee and the Interagency Rates Committee. Licensing and monitoring work is done by each agency.

PRO

- ☐ IRC works well in MSDE
- ☐ SPE functions well in OCYF

CON

- ☐ Uneven application of standards (provided from the June 29th meeting).
- ☐ Different interpretation of Regulations and Standards (provided from the June 29th meeting).
- ☐ Lack of Communication between agencies (provided from the June 29th meeting).
- ☐ Public does not know how to contact state agencies to report incidents and/or complaints (provided from the June 29th meeting).
- ☐ Public perception that the current licensing and monitoring system is not effective (provided from the June 29th meeting).
- ☐ No link between funding and quality of services (provided from the June 29th meeting).
- ☐ Inappropriate placements (provided from the June 29th meeting).
- ☐ Lack of resources; hinders successful completion of job (information provided from the June 29th meeting).
- ☐ The current system does not provide a single point of contact; regarding licensing (e.g. who licenses provider (x)). (Information provided from the June 29th meeting).

SINGLE STATE LICENSING/CENTRALIZED SYSTEM:

- All monitoring staff in same agency
- All Licensing staff in same agency
- Common monitoring with experts on team with health, child welfare, and/or educational experience.
- Centralized data system
- Single Point of Entry to relocate under Centralized System so that providers have one point of contact from the beginning.
- Interagency Rates Committee to move under Centralized System so that monitoring can be linked to rates (e.g. incentives and sanctions).
- This will create links for direct communication and coordination between Single Point of Entry, Interagency Rates Committee, Monitoring and Licensing (same location and authority).
- This would still require interagency work and communication to ensure children's placement needs and quality services.

PRO

- ☐ Staff in same location.
- ☐ Improved services for children and community providers
- ☐ One administrative authority ensures uniform implementation.
- ☐ Centralized point of contact for community communication.
- ☐ Resource Development and Licensing Committee will continue to act on policy issues.
- ☐ Contracting and Monitoring: Avoid conflict between agencies.
- ☐ Interdisciplinary expertise on monitoring teams.
- ☐ A Single State Licensing/Centralized System would "free-up" agencies by combining and decreasing overhead costs through consolidation (provided from the June 29th meeting).
- ☐ The current overlapping in training would cease; training could become consolidated in one agency (provided from the June 29th meeting).
- ☐ A Single State Licensing/Centralized System would handle children with multiple needs in a more holistic model; with experts in one place.
- ☐ Budgeting and Performances measures need to be tied to rate setting; in one agency.

CONs are on next page

CON

- ❑ Three distinct populations use community-based licensed homes by DHR, DJJ, or DHMH. Each of these populations require specific services which meet the needs of children in out-of-home placement. Central licensing staff would need a working knowledge of the policies, procedures, and laws affecting each service group (provided by the Department of Human Resources).
- ❑ There are many licensing activities beyond group care licensing for foster children. The Department of Human Resources licenses child placement agencies providing foster care, treatment foster care, independent living preparation programs and private adoption services. In addition, the Child Care Administration licenses day homes and day care centers (provided by DHR).
- ❑ The overwhelming majority of children in community-based homes (residential child care programs) are placed from local departments of social services (LDSS). A thorough knowledge of the LDSS structure, the work of the Social Services Administration, and ongoing contacts with LDSS line staff is critical to the success of any licensing activity involving LDSS placed children. Currently, DHR provides this expertise through staff qualified for State Board licensure (provided by DHR).
- ❑ Interdisciplinary monitoring is already conducted without a single licensing agency. Staff persons from the Department of Juvenile Justice and the Department of Health and Mental Health Hygiene participate with licensing staff from the Social Service Administration to monitor and license programs which have residents from multiple populations (provided by DHR).
- ❑ The Governor's Office for Children, Youth, and Families maintains a centralized data system for residential providers only (provided from the June 29th meeting).
- ❑ Given the current advantages of electronic communication, and the fact that licensing staff must travel throughout the State to properly license and monitor licensees, placing licensing staff in the same location does not appear critically necessary (provided by DHR).
- ❑ Maryland State Department of Education should maintain Interagency Rates Committee function. Co-mingle Licensing and Monitoring with rates. MSDE has no vested interest in either; more objective at MSDE. MSDE supports the idea of connecting rates to monitoring with performance measures (provided from the June 29th meeting).
- ❑ The interagency Rates Committee is a discrete function (provided from the 29th meeting).

DISCUSSION OF MARYLAND'S CURRENT LICENSING AND MONITORING SYSTEM
Thursday, May 24, 2001

ISSUES	SOURCE	SOLUTIONS
<ul style="list-style-type: none"> ➤ Monitoring: Uneven application, Not any knowledge about the quality of providers, No sanctions, lack of incentives for good providers, Criteria not used correctly, To raise performance of marginal providers, 	<ul style="list-style-type: none"> ➤ Licensing Agencies monitor compliance to COMAR .01.04.04 and other appropriate regulations (therapeutic group homes regs, DDA regs, and crisis bed regs). 	<ul style="list-style-type: none"> ➤ Performance based monitoring, More monitoring, Treatment Plans, QA system, Interaction, Nutrition, School involvement after school, 24 hour care and needs, Performance Standards, Mechanism for judging quality and rates, Monitoring staff, resources, more quality, centralizing licensing and monitoring staff
<ul style="list-style-type: none"> ➤ Staffing: ➤ Group Homes: Insufficient staff, inappropriate and costly, Inadequate staff and staff development providers, Need for cross training to meet changing needs of children, ➤ Placement Agency: Discrepancy in training local level case workers 	<ul style="list-style-type: none"> ➤ Employees duties and qualifications: Pages 400-19 & 400-20 ➤ Employee Training: Pages 400-18 	<ul style="list-style-type: none"> ➤ Training Treatment, California Required Core Knowledge for Group Home Administrators, License administrator/certification, Staffing ratios, Direct Care Staff qualifications,
<ul style="list-style-type: none"> ➤ COMAR Regulations: Standards not reflect needs of children, Lack of funding to properly support medical needs, ➤ Appropriate Placement of Children: Match of permanency and placement readjustment. 	<ul style="list-style-type: none"> ➤ There is not an existing tool to match children to placements. ➤ e.g.: child assigned a level of care, programs are ranked by level of care: 	<ul style="list-style-type: none"> ➤ Accreditation, Determine if correct agency is licensing entities,
<ul style="list-style-type: none"> ➤ Funding: Money, most spent on out-of-state placements 	<ul style="list-style-type: none"> ➤ Budget consideration not COMAR 	<ul style="list-style-type: none"> ➤ Incentives through rate setting, Incentives for under served areas, Medicaid Funding Needed
<ul style="list-style-type: none"> ➤ Resource/Data: No Central source to answer all questions about providers, Lack of data. 	<ul style="list-style-type: none"> ➤ Subcabinet Resource Development Directory 	<p>Better use of county services, community services/resources to meet needs in own community, Funding for innovative community programs, crisis intervention, tutoring, direct services, help in schools, consumer satisfaction, exit interviews.</p>



Memorandum

Date: 8/20/01

To: Task Force to Study the Licensing and Monitoring of
Community-Based Homes for Children

From: Linda F. Bluth, Chief
Community and Interagency Services Branch
Division of Special Education/Early Intervention Services

Subject: Preliminary Reporting – Criminal Activity Information

In response to the request from Senator Delores Kelley, copies of the following regulations are attached:

- Code of Maryland Regulations (COMAR) 13A.08.01.15 Reporting Delinquent Acts.
- Annotated Code of Maryland – Education § 7-303 Arrest for reportable offense.

In addition, the following information is attached:

- Preliminary Reporting – Criminal Activity Information – Local School Systems
- Preliminary Reporting – Criminal Activity Information – Law Enforcement

As information was being requested, limitations were encountered because August is a difficult time of year to reach individuals. There were local school systems and law enforcement contacts who did not return calls to the Maryland State Department of Education (MSDE). In addition, specific local school systems reported that they do not receive reports on criminal activity by school age children from the police. Specific law enforcement contacts reported that they do not have a process for reporting criminal activity by school age children to local school systems. Because some of the appropriate contact persons may not have been reached, there were inconsistencies between information provided by law enforcement contacts and information provided by local school systems. MSDE recognizes the importance of contacting the appropriate individuals and plans to follow up with these counties after Labor Day.

c: Carol Ann Baglin
Richard Steinke
JoAnn Carter
Lynn Linde

§ 7-303. Arrest for reportable offense.

(a) *Definitions.* — (1) In this section the following words have the meanings indicated.

(2) "Law enforcement agency" means the law enforcement agencies listed in Article 27, § 727(b) of the Code.

(3) "Local school system" means the schools and school programs under the supervision of the local superintendent.

(4) "Local superintendent" means the county superintendent, for the county in which a child is enrolled, or a designee of the superintendent, who is an administrator.

(5) "Reportable offense" means:

(i) A crime of violence, as defined in Article 27, § 643B of the Code;

(ii) Any of the offenses enumerated in § 3-804(e) (4) of the Courts Article;

(iii) A violation of Article 27, § 36, § 36A, or § 36B of the Code;

(iv) A violation of Article 27, § 286, § 286A, § 286B, § 286C, or § 286D of the Code; or

(v) A violation of Article 27, § 139C, § 151A, or § 151C of the Code.

(b) *Notification of local superintendent — Arrest and charges.* — If a child enrolled in the public school system is arrested for a reportable offense, the law enforcement agency making the arrest shall notify the local superintendent of the arrest and the charges within 24 hours of the arrest or as soon as practicable.

(c) *Same — Disposition.* — The State's Attorney shall promptly notify the local superintendent of the disposition of the reportable offense required to be reported under subsection (b) of this section.

(d) *Information confidential.* — Except by order of a juvenile court or other court upon good cause shown, the information obtained by a local superintendent pursuant to subsections (b) and (c) of this section:

(1) Is confidential and may not be redisclosed by subpoena or otherwise except as provided pursuant to subsection (e) of this section; and

(2) May not be made part of the child's permanent educational record.

(e) *Regulations in limiting use of information.* — By no later than September 1, 1995, the State Board shall adopt regulations to ensure that information obtained by a local superintendent under subsections (b) and (c) of this section is:

(1) Used to provide appropriate educational programming and related services to the child and to maintain a safe and secure school environment for students and school personnel; and

(2) Transmitted only to the school principal of the school in which the child is enrolled and other school personnel necessary to carry out the purposes set forth in item (1) of this subsection.

(f) *No limitation in use of other lawful information.* — Nothing in this section is intended to limit the manner in which a local school obtains information or uses information obtained by any lawful means other than that set forth in subsections (b) and (c) of this section. (1995, chs. 111, 112; 1996, ch. 10, § 16; 1999, ch. 34, § 1; chs. 561, 562.)

Effect of amendments. — Chapter 34, Acts 1999, approved Apr. 13, 1999, and effective from date of enactment, substituted "item (1) of this subsection" for "subsection (e) (1) of this section" in (e) (2).

Chapters 561 and 562, Acts 1999, both effective July 1, 1999, made identical changes. Each added (a) (5) (iv) and (v); and reenacted (b) through (d) without change.

Editor's note. — Section 6, ch. 34, Acts 1999, provides that "the provisions of this Act are intended solely to correct technical errors in the law and that there is no intent to revive or otherwise affect law that is the subject of other acts, whether those acts were signed by the Governor prior to or after the signing of this Act."

.17 School Use of Reportable Offenses.

A. Terms Defined. In this regulation the following terms have the meanings indicated:

(1) "Appropriate educational programming" means a regular or alternative education program that allows a student the opportunity to continue the student's education within the public school system and, if in secondary school, the opportunity to receive credit.

(2) "Related services" means any supportive intervention that is available through the local school system.

(3) "Reportable offense" means:

(a) A crime of violence, as defined in Article 27, §643B, Annotated Code of Maryland;

(b) Any of the offenses enumerated in Courts and Judicial Proceedings Article, §3-804(e)(4), Annotated Code of Maryland; or

(c) A violation of Article 27, §36, 36A, or 36B, Annotated Code of Maryland.

B. Administrative Procedures.

(1) Promptly, upon receipt of information from a law enforcement agency of an arrest of a student for a reportable offense, the local school superintendent or designee shall provide the principal of the school in which the student is enrolled with the arrest information, including the charges. If the student who has been arrested is an

identified student with disabilities who has been enrolled by the public school system in a nonpublic school program, the local superintendent or designee shall provide the principal of the nonpublic school with the arrest information, including the charges.

(2) The school principal or designee with appropriate staff members shall immediately develop a plan that addresses appropriate educational programming and related services for the student and that maintains a safe and secure school environment for all students and school personnel.

(3) If the plan results in a change to the student's educational program, the school principal or designee shall promptly schedule a conference to inform the parent or guardian of the plan. The plan shall be implemented not later than 5 school days after receipt of the arrest information.

(4) The school principal or designee and appropriate staff shall review the plan and the student's status and make adjustments as appropriate:

(a) Immediately upon notification from the State's attorney of the disposition of the reportable offense; or

(b) Pending notification from the State's attorney, at a minimum on a quarterly basis.

(5) The parent or guardian shall be informed of any adjustments to the plan.

(6) Each local school system shall provide a review process to resolve any disagreement that arises in the implementation of this regulation.

C. General Provisions.

(1) Except by order of a juvenile court or other court upon good cause shown, the reportable arrest information is confidential and may not be redisclosed by subpoena or otherwise and may not be made part of the student's permanent educational record.

(2) A fee may not be charged to the student or parent or guardian for the alternative educational programming or related services that are developed for the student.

(3) Notice of the reportable offense charge alone may not be the basis for suspension or expulsion of the student. However, nothing in this regulation is intended to limit the manner in which a school

MEMORANDUM

To: Roann Tsakalas
Laura Brown

From: Grace E. Turner for Craig Adams, DHR

Date: July 12, 2001

Re: Response to Questions

1. How are complaints investigated?

When a complaint is received by a licensing coordinator at the Social Services Administration (SSA), it is investigated within twenty-four hours. Depending on the nature of the complaint, the investigation may begin with a telephone call to the director of the complaint program and result in a site visit. If the complainant suggests that residents are in danger of physical harm, an unannounced site visit is initiated immediately.

2. A Copy of Complaint policy.

Please see number 1.

3. Number of complaints received annually.

48

4. How does the community contact the state in order to report incidents?

Complaints have been received by the Governor's office, the Governor's Office on Children, Youth and Families, local departments of social services, legislator's offices, local police departments, the executive director of SSA, and the director of the SSA management services office. All complaints are referred to the SSA licensing manager. The SSA licensing manager and licensing coordinators also receive complaints directly from the public.

5. What outreach is provided to the community regarding incident reporting?

Staff persons in the SSA licensing unit often speak at community meetings and public hearings to explain the nature of the licensing process and to discuss the need for reporting complaints against licensed programs. Administrators of licensed programs are encouraged by licensing staff to forge positive communication systems with neighbors that include reporting complaints about the program. SSA licensing and administrative staff persons regularly request personnel in local departments of social services to inform the general public regarding the need to report incidents.



MEMORANDUM

"Together...ReShaping Young Lives"



TO: Henry L. Lesansky, Ph.D.
Assistant Secretary, OPRA

FROM: Philip A. O'Donnell *for P/O* *7-19-01*
Director, OPRA/ICAU

DATE: July 19, 2001

SUBJECT: OCYF's Request for Information by the Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children

In response to the request for information on community based programs for children, the following information is provided:

Investigations Unit

- How are allegations/incidents investigated?

Incident reports are faxed to the Investigation Unit from the community based programs on a daily basis. The report is reviewed by a supervisor. Once reviewed, the report is either assigned to an investigator for further investigation/information, returned to the facility for further information, or closed with no violation by staff or program. Investigators and Child Advocates work together to resolve grievances and complaints.

The Investigations Unit responds unannounced to facilities in order to verify that the correct incident reporting forms are being utilized and all applicable procedures are being followed.

- Collaboration with DJJ/Investigations Unit, DHR/CPS, Maryland State Police, and local Police departments

The Investigations Unit has assigned Investigators to particular regions in the state. The particular Investigator has developed a professional rapport with Maryland State Police and local Police Departments. This relationship enables the Investigator to more efficiently coordinate an incident that is criminal in nature. When an allegation of physical or sexual child abuse is reported, the Investigator communicates with the Child Protective Service worker to report information

attained.

- A copy of the emergency/critical reporting policy.

Attached is a copy of the current emergency/critical incident reporting policy and a pending revision of the emergency/critical incident reporting policy.

- Number of allegations/incidents received annually.

The number of complaints received annually for fiscal year 2001 for all community based programs is 1,457. Additionally, the total number of all emergency and critical incidents, including secure facilities, reported to the Department for fiscal year 2001 is 2862. Attached are detailed summaries of the types of emergency and critical incidents for fiscal year 2001.

The following case disposition information pertains to the 1457 emergency and critical incidents that were reported by community based residential programs for FY 2001.

Open Cases: (Currently under Investigation by ICAU) 178 (12 % of total)
(Returned to Facility for Investigation). 119 (8 % of total)

Sustained Violations: 18 (1% of total)

Not Sustained Violations: 18 (1 % of total)

Closed with No Staff Violations: 1123 (77% of total)

Unfounded: 1 (less than 1 % of total)

- How does the community contact the state in order to report incidents?
The community may contact any child advocate or staff from the Investigations and Child Advocacy Unit (ICAU) to report a complaint or grievance. ICAU operates on an extended schedule to include evenings, weekends and holidays. Staff are available via cellular phone and pager.

- What outreach is provided to the community regarding incident reporting?

There is an ICAU Investigator available Monday through Friday from 8:00 a.m. to 8:00 p.m. This enables the community to contact an Investigator for information or concerns. The facilities and community based programs are provided with a list of on-call ICAU Investigators who are available twenty-four hours a day to handle emergency incidents, complaints, or grievances. Additionally, ICAU

Investigators meet periodically with the community based program directors to discuss policies/procedures and exchange information.

Follow up investigations are conducted in a pro active manner to determine if compliance is being adhered to. With each investigation, vital information is entered into a database system which enables Investigators to identify potential problems occurring at a particular community based program.

With each incident reported, parents or legal guardians are notified by the facility where the incident occurred. On numerous occasions, the Investigator either contacts or is contacted by the parent to discuss and obtain information.

- Collaboration between the Investigations and the Auditing/Monitoring Units.

When information pertaining to possible violations of DJJ policies/procedures or contract violations is discovered during an investigation, the information is forwarded to the Auditing Unit. The Auditing/Monitoring Unit will then respond and conduct an audit investigation.

Child Advocacy Unit

- How are grievances/complaints investigated?

A youth may initiate a grievance at any time by contacting the child advocate or by using the Departmental Grievance Form (a copy of which is attached) and placing it into a secure grievance box provided by the facility. Child advocates retrieve grievances on a daily basis. The child advocate then interviews the youth in order to obtain the facts and seek prompt resolution. If the child advocate is unable to resolve the grievance, they contact all involved parties and investigate the facts and attempt to mediate a positive resolution. If this attempt is unsuccessful, the child advocate then notifies the appropriate program manager and proceeds to mediate and resolve the grievance. If the program manager is unable to resolve the grievance, the child advocate forwards the grievance to the Assistant Secretary for Residential Services who determines the facts and notifies all parties of the decision on the matter. All youth have a right to appeal this decision to the Secretary of the Department. Investigators and Child Advocates work together to resolve grievances and complaints.

- A copy of the complaint policy.

Attached is a copy of the current Child Advocacy Grievance Procedure and a Revised draft of this policy.

- Number of grievances/complaints received annually.

The total number of grievances for all providers reported to the Department for fiscal year 2001 is 620. The number of grievances received annually for fiscal year 2001 for community based programs is 10 (See Note on attached summary). Attached are detailed summaries of the types of grievances.

- How does the community contact the state in order to report incidents?

The community may contact any child advocate or staff from the Investigations and Child Advocacy Unit (ICAU) to report a complaint or grievance. ICAU operates on an extended schedule to include evenings, weekends and holidays. Staff are available via cellular phone and pager.

- What outreach is provided to the community regarding incident reporting?

There is an ICAU Investigator available Monday through Friday from 8:00 a.m. to 8:00 p.m. This enables the community to contact an Investigator for information or concerns. The facilities and community based programs are provided with a list of on-call ICAU Investigators who are available twenty-four hours a day to handle emergency incidents, complaints, or grievances.

Each Advocate is assigned to a facility or area and communicates with youth, parents and facility administrators to resolve reported grievances.

Attachments

2000 Poverty Guidelines

Provided by the U.S. Department of Health and Human Services

Source: *Federal Register*, Vol. 65, No.31, February 15,2000, pp. 7555-7557.

Size of Family Unit	48 Contiguous States and D.C.
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1	\$8,350
2	\$11,250
3	\$14,150
4	\$17,050
5	\$19,950
6	\$22,850
7	\$25,750
8	\$28,650

For each additional person, add \$2,900.

Federal Poverty Level

Family Size	100%	133%	150%	185%	192%	200%	250%	300%
1	\$8,350	\$11,105	\$12,525	\$15,447	\$16,032	\$16,700	\$20,875	\$25,050
2	\$11,250	\$14,962	\$16,875	\$20,812	\$21,600	\$22,500	\$28,125	\$33,750
3	\$14,150	\$18,819	\$21,225	\$26,177	\$27,168	\$28,300	\$35,375	\$42,450
4	\$17,050	\$22,676	\$25,575	\$31,542	\$32,736	\$34,100	\$42,625	\$51,150
5	\$19,950	\$26,533	\$29,925	\$36,907	\$38,304	\$39,900	\$49,875	\$59,850
6	\$22,850	\$30,390	\$34,275	\$42,272	\$43,872	\$45,700	\$57,125	\$68,550
7	\$25,750	\$34,247	\$38,625	\$47,637	\$49,440	\$51,500	\$64,375	\$77,250
8	\$28,650	\$38,104	\$42,975	\$53,002	\$55,008	\$57,300	\$71,625	\$85,950

Family Size	600%
1	\$50,100
2	\$67,500
3	\$84,900
4	102,300
5	119,700
6	137,100
7	154,500
8	171,900



COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

RECOGNITION REPORT

AN UPDATE TO THE FIELD

One of the primary objectives of the Council on Accreditation for Children and Family Services (COA) has been the recognition of its accreditation by entities upon which accredited organizations depend for funding or approval. The goal is to add practical, tangible value to accreditation as a means of encouraging organizations to meet standards for efficient management and high-quality service. By motivating providers to become accredited, COA carries out its mission to raise the quality of services delivered to families and individuals.

OVERVIEW OF STATE RECOGNITION AND PROVINCIAL RECOGNITION

In the wave of regulatory reform and shifts to managed care and third-party administration of services, more and more states have under review their traditional regulatory and contracting practices. In over sixty different instances in thirty-three different states and one province, COA accreditation is specifically included for deemed status or other formal recognition of the value of accreditation. This number seems likely to grow exponentially, based on the number of inquiries from states interested in exploring the uses of accreditation.

COA will provide information to state and provincial governments, engage in cooperative comparative analyses of state standards and regulations, and will make presentations to provider groups and agency staff. COA is eager to work in public-private partnerships as states and provinces address the quality control issues posed by new funding and management approaches such as block grants, and other third-party administration.

The Council On Accreditation for Children and Family Services promotes best-practice standards; champions quality services for children, youth and families; and advocates for the value of accreditation.

COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

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CANADA

BRITISH COLUMBIA

The Canadian Ministry for Children and Families in Victoria, British Columbia, has entered into an agreement with COA to accredit private service providers in British Columbia. The Ministry is requiring all 300 of their private service providers to be accredited either by COA or CARF, and is underwriting the total cost of each agency's accreditation.

UNITED STATES

ARIZONA

The Department of Health Services has accepted the accreditation of COA in lieu of Medicaid certification.

The Office of Behavioral Healthcare Licensure accepts COA, CARF, and JCAHO and deems accredited organizations as meeting state requirements.

CONNECTICUT

Maximus' Connecticut Childcare Assistance program pays a "quality bonus" of \$21.50 per child who qualifies for their Child Care Certificate Program at COA accredited providers.

DELAWARE

The State of Delaware, Department of Services for Children, Youth, and Their Families, has agreed to waive monitoring of voluntary organizations from whom it purchases service in the year of an accreditation study by COA.

FLORIDA

COA is one of three accreditors that all residential care providers must be accredited by in the year 2003 in order to be eligible for reimbursement of Medicaid Behavioral Health Overlay Services.

COA is named as one of the national accrediting organizations which is authorized to perform a quality assurance program for the Department of Children and Family Services.

GEORGIA

The Georgia Department of Mental Health, Mental Retardation, and Substance Abuse requires mental health providers to become accredited; COA is one of the accepted accreditors.

HAWAII

The Division of Adult Mental Health is in the process of revising its rules to include COA's accreditation in its state certification requirements.

The State Division of Alcohol and Drug Abuse is in the process of drafting rules to require that all contract providers be accredited. COA will be named as one of three accepted accrediting bodies.

ILLINOIS

The Illinois Department of Children and Family Services is accredited by COA.

The Department requires foster care providers that engage in performance contracting with DCFS to become COA accredited.

COA is one of the accepted accreditors by the Illinois Department of Human Services. The Office of Mental Health and the Office of Developmental Disabilities require accreditation for certain providers who receive funding.

Providers of Developmental Training Programs and Mental Health Services may be granted deemed status if they are accredited by COA.

The state administrative code governing eligibility for provider participation in the state's Medicaid community mental health services program lists COA's accreditation among those recognized as partially equivalent to certification by the state.

INDIANA

The Indiana Division of Mental Health has approved COA's accreditation for substance abuse services. The Division requires that managed care providers and provider organizations contract with accredited organizations.

The Division of Family and Children of the Family and Social Service Administration is pursuing COA accreditation.

IOWA

The State Department of Human Services allows providers to substitute accreditation for on-site state recertification. COA is named as an accepted accreditor for this purpose.

The State Mental Health and Developmental Disabilities Commission grants deemed status to national accreditors with standards that are comparable to state standards; COA is an approved national accreditor.

The Department of Human Services requires that Psychiatric Medical Institutions for Children (PMICs) must be accredited to be eligible to participate in the Medicaid program. COA is named as an accepted accreditor for this purpose.

Deemed status is available to COA accredited providers wishing to participate in the Home and Community Based Services (HCBS) mental retardation waiver program for Medicaid funds.

KANSAS

The Department of Social and Rehabilitation Services requires that all foster care contractors be accredited by a national accreditor. COA is specified as an accepted accrediting body.

KENTUCKY

State statute recognizes COA as an approved accreditor of psychiatric residential treatment facilities for the purpose of Medicaid reimbursements. Implementation of this new law is still in progress.

Legislation is pending that will establish regulations by the Cabinet for Families and Children governing child caring programs to include a requirement that facilities undergo a quarterly self-evaluation. Organizations accredited by COA are exempt from the evaluation.

The Cabinet for Families and Children, Division of Permanency and Protection is pursuing COA accreditation.

MAINE

The State Department of Mental Health and Mental Retardation provides exemption from state licensing requirements based on an organization's accreditation by COA.

MARYLAND

The Maryland Social Services Administration is financially supporting the COA accreditation of its 24 county-administered child and youth service agencies.

MICHIGAN

The Department of Community Health has included accreditation in the Mental Health Code as a means of achieving certification for community mental health boards and their contract providers; COA is one of the accepted accreditors. Accredited programs are exempt from regularly scheduled state surveys.

The Michigan Division of Substance Abuse Evaluation include COA's accreditation as part of the criteria to qualify as a Medicaid substance abuse treatment provider.

COA is included among national accrediting entities whose credential is required for all providers contracting with the Division of Substance Abuse Evaluation.

The Detroit-Wayne County Community Mental Health Board requires all contract organizations to be accredited by either COA, JCAHO, or CARF.

Blue Cross/Blue Shield of Michigan will accept COA accreditation for reimbursement of substance abuse services, case management services, and mental health services.

UNITED STATES

Blue Cross/Blue Shield has conducted a comparison of COA's process for accreditation of mental health providers and that of JCAHO and found both accreditors to be comparable, leading in part to having COA included in labor contracts with the automotive companies as an alternative to JCAHO.

MINNESOTA

The Minnesota Department of Human Services is providing higher reimbursable rates for accredited child care organizations.

The Minnesota Department of Human Services licensing division will accept COA accreditation as equivalent to certain requirements under Rule 29, governing outpatient mental health.

MISSOURI

The Department of Social Services is providing a 20% increase in child care subsidy rates for COA accredited agencies.

The Department of Mental Health is in the process of revising its regulations to give COA accredited organizations deemed status for licensure.

The Missouri Department of Social Services, Division of Family Services is pursuing COA accreditation.

MONTANA

Montana State statute accepts COA as an approved accreditor for purposes of Medicaid reimbursement for residential treatment facilities offering psychiatric services to the 'under 21 population'.

NEBRASKA

The Nebraska HHS Finance and Support Manual recognizes COA as an approved accreditor for purposes of Medicaid reimbursement for community outpatient mental health, substance abuse programs and residential treatment centers.

NEW MEXICO

The Medical Assistance Division of the Department of Human Services includes accreditation by COA as one of the means by which a provider can become eligible for Medicaid reimbursement. Regulations for managed care organizations include an accreditation requirement. These regulations specify COA for all child mental health programs except already accredited JCAHO Residential Treatment Centers. Either COA or CARF is an accepted accreditor for mental health programs serving both children and adults.

The Licensing and Certification Authority of the Children's Behavioral Health Community Services Bureau, Prevention and Intervention Division of the Department of Child and Youth Services may grant Temporary or

UNITED STATES

Full Certification to residential treatment centers accredited by COA. The LCA will only conduct on site visits on intervening years when COA does not conduct site visits.

NEW JERSEY

The New Jersey Department of Human Services provides higher reimbursement rates for child care organizations accredited by COA.

Mental Health agencies accredited by COA will be deemed to be partially licensed by the Division of Mental Health Services and will only have to undergo an abbreviated review that covers core safety, patient rights, and staff credentials.

NEW YORK

The New York State Office of Mental Health recognizes COA as an approved accreditor for purposes of Medicaid reimbursements for psychiatric facilities for children and youth.

NORTH CAROLINA

The Division of Social Services of the Department of Health and Human Services has an agreement with COA that accepts COA's accreditation as evidence of compliance with state licensing requirements and reduces the number of on-site licensing reviews for accredited organizations.

The North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, is currently pursuing COA accreditation of their state-wide community mental health organizations.

North Carolina child care organizations that are eligible for the Duke Endowment funds can apply for support for their first and subsequent accreditation studies.

OHIO

Ohio Revised Code 5103.03, enforced by the Department of Human Services, has authorized use of national accreditation in lieu of certification when accreditation standards equal or exceed an OAC (Ohio Administrative Code) requirement. Regulations are pending.

COA accredited mental health care providers qualify for a discount on their certification fees.

Rules for participation as a certified mental health provider include COA in addition to JCAHO as bodies whose accreditation will be accepted in meeting requirements of eligibility to receive reimbursement for mental health services.

OKLAHOMA

In June of 1999, The Oklahoma Department of Human Services, Office of Child Care approved COA for the following purposes: Child care facilities are eligible for a higher reimbursement rate; businesses are eligible for a tax credit for expenses incurred to become accredited by an approved accrediting program; an accreditation support project is being launched to assist providers with technical and financial assistance in seeking accreditation from approved programs.

Community based social or family services organizations are allowed to substitute COA Mental Health and Substance abuse program accreditation in lieu of CARF and JCAHO accreditation.

The State of Oklahoma has enacted legislation requiring that all services delivered directly by the state achieve appropriate national accreditation; the Oklahoma Division of Children, Youth, and Family Services is COA accredited.

OREGON

Administrative rules for the Department of Human Services, Division of Mental Health & Developmental Disability Services recognizes COA as an approved accreditor toward state certification for Medicaid reimbursement for children's intensive mental health treatment services. Implementation of the new rule is still in progress.

RHODE ISLAND

The Rhode Island Department of Human Services and the Department of Children, Youth and Families have agreed to recognize COA for Medicaid reimbursements for residential treatment facilities for children and adolescents.

SOUTH CAROLINA

South Carolina child care organizations that are eligible for the Duke Endowment funds can apply for support for their first and subsequent accreditation studies.

TENNESSEE

The Tennessee Children's Plan Legislation requires COA, American Correctional Association (ACA), or other accreditation for Youth Development Centers. It also permits the Department of Children's Services to use COA or other accreditation in its licensure, approval or supervision of child welfare organizations; COA is the only named accreditor in this regard.

TEXAS

Texas has passed legislation which allows accreditation to be substituted for childcare (day and residential) licensing. The state Insurance Code requires accreditation by COA, JCAHO, or the American Association of Psychiatric Services for Children for residential treatment facilities.

UTAH

The Division of Child and Family Services of the Department of Human Services is pursuing COA accreditation.

VIRGINIA

The Virginia Department of Medical Assistance Services recognizes COA as an approved accreditor for purposes of Medicaid reimbursements for psychiatric facilities for children and adolescents.

WASHINGTON

Substance Abuse Administrative Codes empower the respective divisions to recognize national accreditation, including that of COA, and deem accredited organizations as meeting all or part of state requirements. The Substance Abuse deeming process will allow organizations seeking re-certification to substitute COA accreditation for most of the state's certification process. An updated DASA-COA agreement is now being developed which addresses the revised Standards.

The Division of Mental Health is considering a deeming process similar to DASA.

Washington's Behavior Management Guide for Licensed Residential Care Settings mandates COA or JCAHO accreditation for facilities that use certain behavior management techniques.

The Washington Division of Children and Family Services' Vancouver field office is currently accredited with a committal from the rest of the state to follow in the process.

WEST VIRGINIA

COA's accreditation has been given deemed status by the Department of Human Services for providers seeking licensing for daycare and residential childcare services.

WISCONSIN

Administrative rules for outpatient mental health and substance abuse clinics recognize COA's accreditation as equivalent to that of JCAHO as a baseline for state certification.

UNITED STATES MANAGED CARE RECOGNITION

It is increasingly apparent that the managed care industry is seeking ways to assure quality in a cost-conscious, results-oriented delivery system. COA believes that accreditation will be a threshold criterion for facility or organizational provider eligibility, much as licensure is for individuals. COA accredits over 1000 behavioral healthcare organizations, many in step-down, cost-effective programs, which represent a valuable resource to the managed care industry. COA accredits many covered services for which no other accreditor has standards. Almost all major managed care companies recognize COA provider accreditation. Examples include Managed Health Network, and Magellan.

FEDERAL REGULATION

A major federally funded study initiative has resulted in a report, *Managing Managed Care: Quality Improvement in Behavioral Health*, produced by the Institute of Medicine's Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care. In this report, state governments are encouraged to "consider offering deemed status to specific accreditation organizations that meet state-defined standards for quality of managed behavioral health care programs." They urge all levels of government, "Quality of care should be clearly addressed in contracts...."

In 1998, the Health Care Financing Administration (HCFA) of Health and Human Services changed Federal Medicaid Regulation 42CFR regulating the accreditation of 'In-patient psychiatric Residential Treatment for the under twenty-one population.' The rule change allows state departments to provide Medicaid to COA accredited residential treatment facilities meeting HCFA requirements.

The Adoption and Safe Families Act of 1997, Public Law 105-89, encourages states to implement standards that assure the quality of out-of-home care. COA's standards address these issues and have been revised to align with ASFA requirements.

In October 2000, the Intercountry Adoption Act, the legislation that implements the Hague Convention on Intercountry Adoption, was signed into law. The legislation sets forth many important requirements for protecting all parties involved in the international adoption processes, including the requirement that organizations providing adoption services in intercountry adoptions covered by the Convention must be accredited. COA remains dedicated to helping current and future intercountry adoption organizations comply with the requirements of the Hague Treaty.

UNITED WAYS

Several years ago, United Way of America published a resource guide to local United Ways, urging them to use national accreditation when possible to reduce duplicative review and in lieu of their own evaluations. The Council on Accreditation (COA) was specifically included as a recommended accrediting body in this national United Way recommendation. Since then numerous United Ways across the country have used accreditation as an adjunct to their own allocation and evaluation processes, to designate organizations eligible for multiyear fund allocations, and to reduce the workload for both United Ways and member organizations. United Way of Chicago will accept an organization's national accreditation credential as equivalent to its quintennial Service Quality Evaluation and exempt a funded provider from further review.

Diverse United Ways have modified their processes to account for accreditation. These include Forsythe County, North Carolina; Buffalo, New York; the San Francisco Bay Area, California; Santa Clara, California; United Foundation-Detroit, Michigan; and the United Way of Chicago, Illinois.

COA stands ready to work with United Way member organizations and United Way itself to develop cooperative mechanisms for assuring quality. COA's new emphasis on organization evaluation of the outcomes of services dovetails with the current national Impact Evaluation initiative of United Way of America.

COLLABORATION WITH OTHER ACCREDITING BODIES

COA is developing collaborative relationships with other accrediting bodies and will exempt a service accredited by another COA-approved accreditor from the self-study and site review. Contact COA for further details.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) currently recognizes COA's accreditation under an interim agreement for organizations accredited under their Network Accreditation Program and their Managed Behavioral Health Care Accreditation Program.

CARF – The Rehabilitation Accreditation Commission recognizes and accepts accreditation by COA of those entities undergoing CARF Network Administration accreditation. Entities already accredited by COA would not be surveyed during the time of a CARF site visit of network administrative offices.

COA's provider accreditation has been officially recognized by the National Committee for Quality Assurance (NCQA) as one of the four provider accreditations accepted under Standard 12 of their Behavioral Healthcare accreditation standards. This indicates to a United States managed care organization (MCO) or managed healthcare organization (MHO) seeking NCQA accreditation that COA accreditation is an acceptable means of the MCO/MHO demonstrating compliance with CR12. CR12 requires that the MCO/MHO assure that organizations with which it does business are quality providers.

INDEPENDENT SECTOR RECOGNITION

Many foundations have an interest in the organization's accredited status or are responsive to information that an applicant organization is accredited. Some, like Kresge, include a request for information about accreditation in their process; some make accreditation a condition for challenge grant participation. The Duke Endowment, operating in North and South Carolina, is a notable example of private foundation support for accreditation as a means of ensuring quality, as they will fund both the accreditation fees and contribute toward the cost of bringing the organization into compliance if the organization is part of their two-state network of Duke Endowment-funded child care providers. The Hawaii Community Foundation is making a major commitment to strengthen residential treatment providers through national accreditation, supported with a \$250,000 fund. Other foundations could be encouraged to follow these pace-setting examples. Community foundations have often been responsive to requests by individual organizations for assistance with accreditation costs.

CONSUMER RECOGNITION

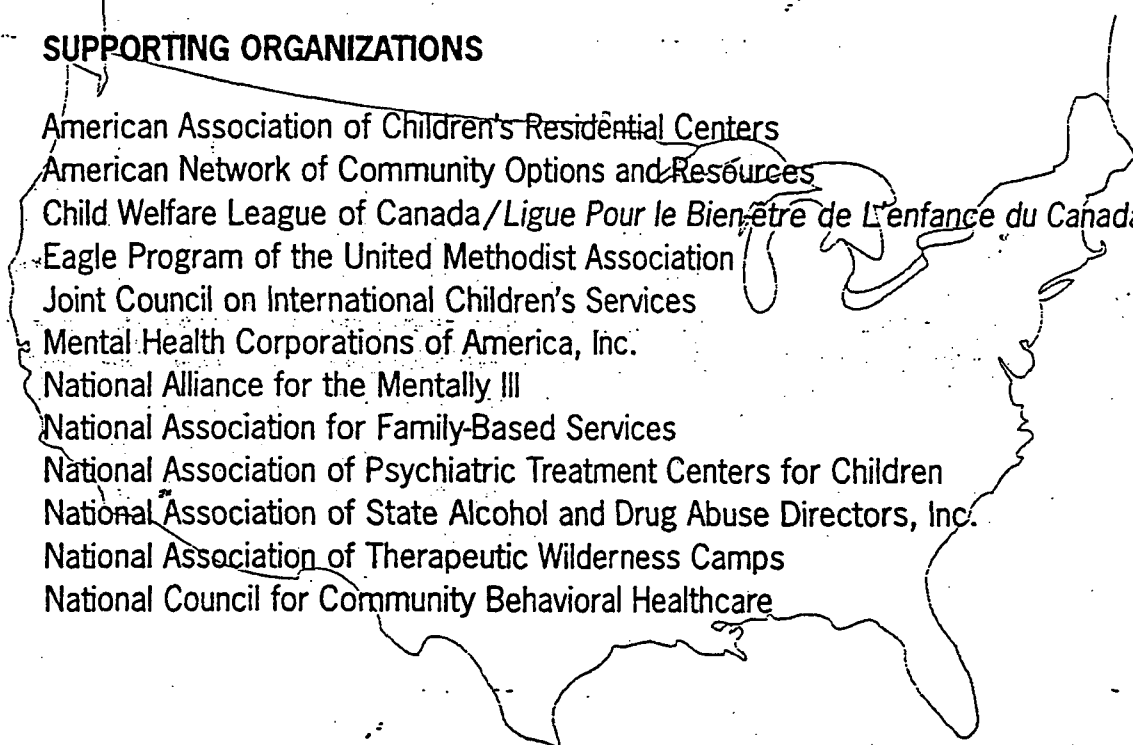
The National Alliance for the Mentally Ill (NAMI) established as a goal that accreditation of community mental health programs of all types should be achieved by the year 2000. Thus far, the NAMI board has reviewed and approved two national accreditors, COA and CARF – The Rehabilitation Accreditation Commission. NAMI's Accreditation Committee commented on COA's willingness to adapt standards to reflect consumer concerns and the emphasis on cultural competence and quality-of-life issues. COA considers NAMI's recognition to be an important milestone in public recognition and consumer awareness. The National Council for Community Behavioral Healthcare has endorsed three accreditors, which include COA, as offering appropriate standards for community mental health centers.

Please contact Elizabeth Carey, Director of Government Relations, with information about opportunities for furthering state and other recognition or about use of accreditation by organizations or government entities not listed.

SPONSORING ORGANIZATIONS

Alliance for Children and Families
Association of Jewish Family and Children's Agencies
Catholic Charities USA
Child Welfare League of America
Foster Family-based Treatment Association
Lutheran Services in America
National Council For Adoption
National Foundation for Consumer Credit
National Network for Youth
Prevent Child Abuse America

SUPPORTING ORGANIZATIONS



American Association of Children's Residential Centers
American Network of Community Options and Resources
Child Welfare League of Canada / *Ligue Pour le Bien-être de L'enfance du Canada*
Eagle Program of the United Methodist Association
Joint Council on International Children's Services
Mental Health Corporations of America, Inc.
National Alliance for the Mentally Ill
National Association for Family-Based Services
National Association of Psychiatric Treatment Centers for Children
National Association of State Alcohol and Drug Abuse Directors, Inc.
National Association of Therapeutic Wilderness Camps
National Council for Community Behavioral Healthcare

BEST PRACTICES PRESENTATION – LICENSING AND MONITORING

Prepared by: Nancy Slaterbeck, Laura Brown and Yvette Dixon

April 23, 2001

State	Single Set of Regulations	Single Licensing/ Monitoring Entity	Certification/ Licensure of Chief Administrators	Licensing Fees	Sanctions & Financial Penalties	Ratio of Licensing Staff to Providers	Notes
California	Yes	No There is some joint monitoring with the higher level of facilities for the high end youth.	Yes \$100 for CEO certification application	Yes Waiting for information	Yes Waiting for information	Not easy to determine as they have over 1200 licensing & monitoring staff throughout California	Legislation in 1998 Handbook for Board of Directors on the Web. Core of Knowledge for Administrators 40 hour course before test Didn't grandfather existing Administrators
Delaware	Yes	Yes	No	No	❖ Denial, Revocation or Refusing to renew license	2 specialists for 59 programs (CPA & Facilities)	Did a best practices study before revising regulations in 1999.
Florida	No	No	No	Waiting for information	Waiting for information	Several different types of reviews: ❖ Contract manager ❖ Audits <input type="checkbox"/> Safety & Security <input type="checkbox"/> Audit & Investigation <input type="checkbox"/> Data & Research <input type="checkbox"/> Quality Assurance:	Dept of Juvenile Justice does a monitoring report card that is put on the Web.
Idaho	Yes	Yes	No	No	No	3 specialists for 62 agencies: adoption, foster care & residential	Children's Treatment Project – 2yr

State	Single Set of Regulations	Single Licensing/Monitoring Entity	Certification/Licensure of Chief Administrators	Licensing Fees	Sanctions & Financial Penalties	Ratio of Licensing People to Providers	Notes
							process of looking at Best Practices with public input. Revising regulations & system now
Kentucky	No	No	No	Yes ❖ Type I License <input type="checkbox"/> \$50 initial <input type="checkbox"/> \$25 annual renewal ❖ Type II License <input type="checkbox"/> \$50 initial <input type="checkbox"/> \$25 annual renewal	Sending regulations	Did not have information	
Louisiana	Yes	Yes	No	Yes \$25 Initial Application Fee License Fee Initial & Renewal: \$400 (4-6 beds) \$700 (7-15 beds) \$600 (16+)	Denial or Revocation of License \$75-\$250 per day for operating without a license	24 specialists for 3000 programs. 60% of programs are daycare, 40% are residential facilities.	Goal: Would like to put all survey reports on the web. Used national consultant, Carl Valentine to help them revamp.

State	Single Set of Regulations	Single Licensing/ Monitoring Entity	Certification/ Licensure of Chief Administrators	Licensing Fees	Sanctions & Financial Penalties	Ratio of Licensing People to Providers	Notes
Maryland	Yes	No	No	No	Denial, revocation	<ul style="list-style-type: none"> ❖ DHR: 4 specialists for approx. 400 programs (CPA & group facilities) ❖ DJJ: 7 monitors for 92 residential programs (monitor all residential programs they have contracts with) ❖ MHA 7 specialists for 684 programs (residential & non-residential) ❖ DDA 4 teams do about 24 surveys each per year (mixed adult & children's residential) 	Single Point of Entry Interagency Rate Setting Core Licensing Regulations under review for changes
Nevada	No	No	No	No	Denial, revocation	Monitoring a mixture between state & local could not get a ratio.	Using national consultant, Carl Valentine to revamp Have an application form similar to our Provider Profile

State	Single Set of Regulations	Single Licensing/ Monitoring Entity	Certification/ Licensure of Chief Administrators	Licensing Fees	Sanctions & Financial Penalties	Ratio of Licensing People to Providers	Notes
Texas	Yes	No	<p>Yes</p> <p>Examination – must obtain 80%</p> <p>\$75 application fee for child Care Administrators (covers application, exam & initial licensing fee)</p> <p>\$25 fee for retaking test #2 & #3</p> <p>Disqualification – must wait one year.</p>	<p>Yes</p> <p>\$35 Facility application + \$1 for each child facility is permitted to serve. (License suspended if not paid when due.)</p> <p>\$35 Provisional license</p>	<p>Yes</p> <p>Violation of regulations</p> <p>Per diem Administrative Penalty based on # of children in facility. Range is maximum of \$20-\$100 per facility per day.</p>	<p>24 specialists for 11 regions</p> <p>20 programs per specialist (CPA & Facilities)</p>	<p>Will only give a provisional license to new programs – provisional license is for 6 months with only 1 possible extension</p>
Virginia	Yes	Yes	No	No	No	Waiting for information	
Utah	Yes	Yes	No	Waiting for information	Waiting for information	9 specialists for 180 programs (adult foster care, group homes, crisis nurseries, adoption)	

TEFRA

Tax Equity and Fiscal Responsibility Act of 1982

Talking Points for Discussion

TEFRA is a Medicaid eligibility option that allows states to provide Medicaid to children with disabilities, living at home, who are 18 and under, regardless of parental income. However, once the child is determined eligible, the family's financial obligation is determined by a fee schedule based upon family size and income. When a state adopts TEFRA, they must extend Medicaid to all eligible children. Unlike Medicaid Wavier Programs, TEFRA does not have a ceiling on the number of people who can be served, nor does it provide the special services allowed under a waiver. Under the TEFRA option the state is required to provide Medicaid services that are available under the state's Medicaid Plan, including Early Periodic Screening, Diagnostic and Treatment Services (EPSDT).

Eligibility under TEFRA:

The Child must:

- 1 Require the level of care provided in a hospital, skilled nursing facility or intermediate care facility, including ICF/MR;
- 2 Require care that is appropriate to receive in the home;
- 3 Require care that will be equal or less than the cost of that same care in an institution;
- 4 Cost effectiveness is determined individually for each child;
- 5 Children under the age of 19;
- 6 Children not covered by or eligible for other Medicaid coverage;
- 7 Child may be on MR/DD waiting list but NOT receiving waiver services;
- 8 Child lives at home and family income is more than Medicaid limits;

~~9~~ Child's personal income is low enough to qualify for Medicaid payment for institutional care;

10 Child must have less than \$2,000 in personal resources, for example bank accounts;

11 Child must meet other requirements such as citizenship, residency, Social Security Number, etc.

Medical Eligibility:

1 Child must meet the Social Security Administration's definition of disability;

2 Child requires level of care that could be provided in a facility for children with developmental disabilities or a nursing facility;

3 Physician states that the family can provide this level of care in the home;

4 It will cost no more for the child to be cared for at home than in an institution.

How can we be assured that TEFRA is cost-effective?

Federal Medicaid rules require it.

Unlike the other programs (institutional and waiver) that provide specialized services in addition to regular Medicaid services, TEFRA will only provide regular Medicaid services.

States identified as having HCB and TEFRA **

States with TEFRA:

Alaska	(CHIP at 200%)
DC	(CHIP at 200%)
Georgia	(CHIP at 200%)
Idaho	(CHIP at 150%)
Maine	(CHIP at 185%)
Mississippi	(CHIP at 133%)
Nevada	(CHIP at 200%)
South Dakota	(CHIP at 133%)
Vermont	(CHIP at 300%)

Total 9 States

States with HCB and TEFRA:

Arkansas	(CHIP at 100%)
Delaware	(CHIP at 200%)
Michigan	(CHIP at 200%)
Minnesota	(CHIP at 280%)
Nebraska	(CHIP at 185%)
New Hampshire	(CHIP at 300%)
Pennsylvania	(CHIP at 200%)
Rhode Island	(CHIP at 300%)
South Carolina	(CHIP at 150%)
West Virginia	(CHIP at 150%)
Wisconsin	(CHIP at 185%)

Total 11 States

States with HCB Waiver:

Arizona	(CHIP at 200%)
California	(CHIP at 200%)
Colorado	(CHIP at 185%)
Connecticut	(CHIP at 300%)
Illinois	(CHIP at 133%)
Indiana	(CHIP at 150%)
Iowa	(CHIP at 185%)
Kansas	(CHIP at 200%)
Louisiana	(CHIP at 150%)
Massachusetts	(CHIP at 200%)
Montana	(CHIP at 150%)
New Jersey	(CHIP at 350%)
New Mexico	(CHIP at 235%)
New York	(CHIP at 192%)
North Carolina	(CHIP at 200%)
North Dakota	(CHIP at 100%)
Oklahoma	(CHIP at 185%)
Tennessee	(CHIP at 100%)
Texas	(CHIP at 100%)
Utah	(CHIP at 200%)
Virginia	(CHIP at 185%)
Washington	(CHIP at 250%)
Wyoming	(CHIP at 133%)

Total 23 States

** As of January 1996

Work plan for the Task Force to Study the Licensing and Monitoring of Community Based Homes For Children

MEETINGS	TOPICS TO DISCUSS	TIMELINE
Meeting 1: February 9, 2001 1a: Current Licensing & Monitoring practices	State Agency Presentations	February 9
Meeting 2: March _____, 2001 2a: Pros & Cons	Brain Storm Ideas	March 2001
2b: Invite State Agency Presenters Back	Continue Questions/Answers from February 9, 2001	March 2001
2c: Fair Housing Act	Presentation and Discussion	March 2001
2d: Public Hearings	Determine Dates and Locations	March 2001
Meeting 3: April _____, 2001 3a. Best Practices Presentation	Examples from other states licensing and monitoring policies	April 2001
3b: Discussion of Maryland's current system	Discussion of Pros and Cons of current Maryland Licensing and Monitoring system	April 2001

Work plan for the Task Force to Study the Licensing and Monitoring of Community Based Homes For Children

MEETING	TOPICS TO DISCUSS	TIMELINE
Meeting 4: May _____, 2001 4a: Interagency Rates Committee	IRC to present their roles and responsibilities	May 2001
4b: Staff Qualifications	Residential providers, state agencies- presentations	May 2001
4c: Public Hearing	First community public hearing completed Location and date determined at Meeting 2.	By May 30, 2001
Meeting 5: June _____, 2001 5a: Outcomes of Hearing	Discussion of hearing outcomes of May public hearing	June 2001

Work plan for the Task Force to Study the Licensing and Monitoring of Community Based Homes For Children

MEETING	TOPICS TO DISCUSS	TIMELINE
5b: Formulation of recommendations by Task Force for report to Governor Glendening	Areas to Consider: 1. Justifications 2. Impact 3. Cost 4. State Regulations	June 2001
5c: Public Hearing	Second public hearing completed Location and date determined at Meeting 2.	June 30, 2001
Meeting 6: July _____, 2001 6a: Review draft report	Discuss first draft report and make changes	July 2001
6b: Discuss outcomes of Second Hearing	Discuss hearing outcomes	July 2001
Meeting 7: August _____, 2001 or September 2001	Final Meeting: Changes and sign off on Report, forward final report to Governor	September 30, 2001

Testimony Presented By: Linda E Mouzon,
Executive Director Social Services
Administration, Maryland Department of
Human Resources

Role of Maryland Social Services Administration

The role and mission of the Maryland Department of Human Resources, Social Services Administration (SSA) is to employ strategies to prevent child abuse and neglect, protect vulnerable children, support family stability and promote family independence. SSA operates with the guiding principle that all children deserve to live in violence free families where they are safe from physical and mental injury. There are times when a child's needs cannot be met in the child's own home, or it is determined that she is unsafe in her own home. This can mean that she must be taken from the home and placed in foster care. When a child is placed in out of home care (foster care) it is our primary objective to provide a safe, stable placement that meets all the needs of that child.

Commitment to Safety

- Maryland's highest commitment is to the safety of every child.
- Ensuring safety regarding placement must include a thorough home study and background check prior to placement
- A safety assessment is required at the time of placement as well as when changes occur in the home.
- MD's responsibility is to monitor the placement environment to assure each child is safe in the out-of-home placement.

Placement Services

Placement of any child must always take into consideration the best interest of that child

- have continued interaction with parent(s), sibling(s) and family
- familiar surroundings in terms of culture and community
- continuity in education services
- relationship with friends and peers
- maintaining as much continuity in the child's life as possible during a time of vulnerability

- MD has modified the delivery of family and children services to ensure that out of home placement services are:
 - community based - children are placed in neighborhoods from which they were removed from their birth family
 - family focused - children belong in families not congregate care
 - culturally competent - to meet the specialized needs of the family and children
- In order to be an approved resource family in MD, families must pass criminal background checks, medical examinations, health and fire inspections of the home in addition to participating in 27 hours of pre-service training
- Local departments are required to develop concurrent permanency plans for children and to develop a permanent home within 15 months of placement.
- Local departments are accountable for documentation of each child's permanency plan and service provision to meet the goals of the permanency plan.

The Interstate Compact for the Placement of Children (ICPC)

- The ICPC is a uniform law that has been enacted in all 50 states, the District and the U.S. Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibilities for those involved in placing the child.
- Children placed out of state need to be assured of same protections and services that would be provided if they remained in their home states.
- The placement of children in MD without the ICPC or without SSA's knowledge and consent is not only illegal, but leaves MD open to legal backlash.
- MD has not banned children from the District or any other state, but has reiterated the need for the District to comply with ICPC law.
- MD continues to welcome all children from other states or the District who are placed in accordance with an Interstate Compact agreement.

- MD can only be responsible for those resource families who have completed the application process and been approved, placements which have been licensed, or placements that have been approved under the ICPC law.
- Resource recruitment is an issue in MD just as it is in every other state in the country.
- MD must have the ability to track or monitor current placements
- There are a limited number of resources from which placements can be obtained for both MD and the District children

History of relationship between Maryland (MD) and the District of Columbia (the District)

- Before the District joined the Interstate Compact on the Placement of Children (ICPC) there was a reciprocal agreement between the District and MD, this agreement allowed MD and the District private agencies to operate in each other's jurisdiction.
- The District joined the interstate compact on September 10, 1989.
- In January 1993 the MD Compact Administrator advised all private agencies in the District, that in order to continue to operate in the state of MD, they would need to become licensed by the Maryland State Department of Human Resources (DHR). The agencies were reminded that the reciprocal agreement had ended "several years ago and we are now bringing these practices into compliance with the Code of Maryland Regulations (COMAR) 07.02.13.03(A-B)."
- In the spring of 1995 the ICPC Administrator for the District requested a new reciprocal agreement with MD due to large backlogs in the district.
- In June 1995 MD's ICPC Administrator wrote to the District ICPC Administrator stating "we have reviewed your proposed reciprocal agreement and after giving the matter serious consideration, have decided not to pursue reciprocity with the District."

- In April 1997, a meeting was held with the ICPC Secretariat concerning the placement of children from the District in MD and Virginia. (The LaShawn proposal submitted by Jerome G. Miller, then the General Receiver for the District). This plan recommended that the court ordered children from the District be allowed to be placed within seventy-five miles of their jurisdiction without Interstate Compact approval.
- In June 1997, a letter was sent to Frank Bartell, Secretariat, from Dr. Linda Bayliss, LaShawn Deputy Receiver, requesting development of a Memorandum of Understanding to facilitate placement of children in other Jurisdiction.
- On October 20, 1999, a meeting was held DHR staff and Mr. Curtis Hardrick of the Receiver's Office. It was agreed that the District would operate within ICPC regulations.
- In November 1999, a letter was received from Mr. Hardrick showing the number of cases out of compliance at that time. There were 746 cases at that time according to records in the District.

Proposed Solutions

- MD is more than willing to assist the District in completing the Interstate Compact process for children they would like to place in MD.
- SSA is willing to work in collaboration with the District to review the homes in which District children are currently placed.



Maryland State Department of Education

FACT SHEET

Top Nine Questions About School Enrollment

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Revised July 26, 1999

1. Where do I start with enrolling my child in school for the first time?

If this is the first time your child will be enrolling in any school, **call the school** and ask what you must bring with you to enroll your child. As a minimum, most schools require the following documents: birth certificate; proof of custody/guardianship (documentation which determines where the child resides and who has decision-making authority); proof of residency; and record of immunizations (DHMH Form 896).

2. What do I do if my child is transferring from one school to another?

Call the school your child last attended and ask the school to prepare a **Maryland Transfer Form**. Tell them the last day your child will attend school and ask if you may pick up the Maryland Transfer Form, or if it can be mailed to you or brought home to you by your child. The Maryland Transfer Form will contain all the information you need to enroll your child in the new school.

Call your child's new school and schedule an appointment. Be sure you bring the Maryland Transfer Form. The appointment will ensure that time is set aside to speak with you and to answer any questions you may have. Also ask what items you need to bring with you to enroll your child in the new school.

3. Why is proof of custody/guardianship required?

Proof of custody/guardianship is required to identify who is legally responsible for the child and who can be contacted in case of an emergency. This tells the school who can make educational decisions for the child. Each local school system determines which documents will be accepted as proof (i.e., a court order; a separation or divorce decree; or a birth certificate which identifies the parents). **Call the school and ask** what documents are acceptable.

4. Why is proof of residency required?

The residence of the parents/legal custodian/guardian determines the child's right to attend the local public school. Acceptable proof of residency is established by each local school system. **You should call the school** where you plan to enroll the child to find out what will be accepted as proof of residency. Generally accepted documents are: current rental lease; current utility bills containing applicant's name and address; or a current property tax bill.

5. Does this procedure include children in Kinship Care?

These requirements include formal Kinship Care (when a child is removed from his/her family and is placed with a relative by a State child welfare agency) and appropriate documentation as stated in Questions 3 and 4.

6. Why do I need to bring proof of age?

Proof of age is particularly important the first time a child enrolls in school. It helps determine which services and programs are available to the child. The mandatory attendance law applies to children between the ages of five to sixteen.

A birth certificate and other documents as determined by each local school system may be used as proof of age. A copy of your documentation will be made by the school and attached to your child's record. **Call the school** to see what document other than the birth certificate will be accepted as proof of age.

7. Why do I need to bring immunization records?

All children need to have an up-to-date copy of immunization records to be enrolled in, and to attend, school. If your child's immunizations need to be updated and you can bring written proof of an appointment within 20 days to obtain the immunizations, you may temporarily enroll your child pending receipt of the required immunizations. Your doctor or health clinic can provide the DHMH 896 Form, or a computer-generated form, for you to take to the school.

8. Why do I need to bring the current Individualized Education Program (IEP) for my child who receives Special Education services?

This will ensure that your child receives, at the new school, the appropriate special education services and related services which were specifically developed for your child. It will also provide the school with the dates for the annual IEP review of your child's program as well as any re-evaluations that may be required.

9. Do I need to bring the most recent report card and/or withdrawal grades?

This information is very helpful in matching up a continuing program for your child. It tells the school what courses your child was taking and may indicate the instructional level. For elementary children, it may indicate the reading or math series with which your child was being taught. For high school students, it may indicate credit earned and/or graduation requirements which have been met.

If you have any questions or need additional information, please contact Mrs. Mary Lou Dulina, Pupil Personnel Specialist, at 410-767-0300 or send E-mail to mdulina@msde.state.md.us.

For more information, call 410-767-0600 in the Baltimore area or Toll-Free at 1-888-246-0016

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DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

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PARRIS N. GLENDENING
Governor

KATHLEEN KENNEDY TOWNSEND
Lieutenant Governor

BONNIE A. KIRKLAND
Special Secretary, Children, Youth, and Families

NOTICE

PUBLIC HEARINGS

The Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children as dictated by the State of Maryland, Executive Order will conduct two public hearings. The Task Force will be responsible for providing a thorough evaluation of Maryland's licensing and monitoring practices for community-based homes for children.

The Task Force members will receive public comments and/or concerns regarding Community-Based Homes for Children. Please bring written testimony to submit to the Task Force.

First Public Hearing:

DATE: Wednesday, May 16, 2001
TIME: 6:00 to 8:00 p.m.
LOCATION: 300 West Preston Street, State Auditorium, in Baltimore

Second Public Hearing:

DATE: Thursday, June 14, 2001
TIME: 6:00 to 8:00 p.m.
LOCATION: Joint Hearing Room, Department of Legislative Services Building,
in Annapolis

Please contact Ms. Laura Brown at 410-767-6254 for further information. Persons with special needs are requested to contact Ms. Brown to obtain assistance with special needs. Maryland Relay Services 711.

APPENDIX H:

STAFF LIST/REQUESTS FOR ADDITIONAL INFORMATION

Staff List/Requests for Additional Information

Staff to the Task Force:

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*** To request information please contact Yvette Dixon.

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